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20 October 2007

Phoenix makes £49m Nucare bid

Pharmacy sale prices under pressure

- Tory MP: guaranteed cash for public health services
- Feel-good factor: how to criticise staff constructively

NEW IN SMOKING CESSATION

THE POWER TO HELP

CHAMPIX® Film Coated Tablets (varenicline tartrate) ABBREVIATED PRESCRIBING INFORMATION - UK Please refer to the SmPC before prescribing Champix 0.5 mg and 1 mg. **Presentation:** White, capsular-shaped, biconvex tablets debossed with "*Pfizer*" on one side and "CHX 0.5" on the other side and light blue, capsular-shaped, biconvex tablets debossed with "Pfizer" on one side and "CHX 1.0" on the other side. **Indications:** Champix is indicated for smoking cessation in adults. **Dosage:** The recommended dose is 1 mg varenicline twice daily following a 1 week titration as follows. Days 1-3: 0.5 mg once daily, Days 4-7: 0.5 mg twice daily and Day 8 End of treatment 1 mg twice daily. The patient should set a date to stop smoking. Dosing should start 1-2 weeks before this date. Patients who cannot tolerate adverse effects may have the dose lowered temporarily or permanently to 0.5 mg twice daily. Patients should be treated with Champix for 12 weeks. For patients who have successfully stopped smoking at the end of 12 weeks, an additional course of 12 weeks treatment at 1 mg twice daily may be considered. Following the end of treatment, dose tapering may be considered in patients with a high likelihood of relapse. **Patients with renal insufficiency:** *Mild to moderate renal impairment:* No dosage adjustment is necessary. *Patients with moderate renal impairment who experience intolerable adverse events:* Dosing may be reduced to 1 mg once daily. *Severe renal impairment:* Use not recommended. Dosing should begin at 0.5 mg once daily for the first 3 days then increased to 1 mg once daily. *Patients with end stage renal disease:* Treatment is not recommended. **Patients with hepatic impairment and elderly patients:** No dosage adjustment is necessary. **Paediatric patients:** Not recommended in patients below the age of 18 years. **Contraindications:** Hypersensitivity to the active substance or to any of the excipients. **Warnings and precautions:** Effect of smoking cessation: Stopping smoking may alter the pharmacokinetics or pharmacodynamics of some medicinal products, for which dosage adjustment may be necessary (examples include theophylline, warfarin and insulin). Smoking cessation may result in an increase of plasma levels of CYP1A2 substrates. Smoking cessation, with or without pharmacotherapy, has been associated with the exacerbation of underlying psychiatric illness (e.g. depression). There is no clinical experience with Champix in patients with epilepsy. At the end of treatment, discontinuation of Champix was associated with an increase in irritability, urge to smoke, depression, and/or insomnia in up to 3% of patients, therefore dose tapering may be considered. **Pregnancy and lactation:** Champix should not be used during pregnancy. It is unknown whether varenicline is excreted in human breast milk. Champix should only be prescribed to breast feeding mothers when the benefit outweighs the risk. **Driving and operating machinery:** Champix may have minor or moderate influence on the ability to drive and use machines. Champix may cause dizziness and somnolence and therefore may influence the ability to drive and use machines. **Side effects:** Adverse reactions during clinical trials were usually mild to moderate. Most commonly reported side effects were abnormal dreams, insomnia, headache and nausea. Commonly reported side effects were increased appetite, somnolence, dizziness, dysgeusis, vomiting, constipation, diarrhoea, abdominal distension, stomach discomfort, dyspepsia, flatulence, dry mouth and fatigue. See SmPC for less commonly reported side effects. **Overdose:** Standard supportive measures to be adopted as required. Varenicline has been shown to be dialyzed in patients with end stage renal disease, however, there is no experience in dialysis following overdose. **Legal category:** POM. **Basic NHS cost:** Pack of 25 11 x 0.5 mg and 14 x 1 mg tablets Card (EU/1/06/360/003) £27.30, Pack of 28 1 mg tablets Card (EU/1/06/360/004) £27.30, Pack of 56 0.5 mg tablets HDPE Bottle (EU/1/06/360/001) £54.60, Pack of 56 1 mg tablets HDPE Bottle (EU/1/06/360/002) £54.60, Pack

THEM QUIT.[1-3]

- **A new class of oral prescription therapy with a unique dual action:**[1,2,4]
  - **Partial agonist** action: Reduces craving and withdrawal symptoms†
  - **Antagonist** action: Reduces the satisfaction associated with smoking†
- **Significantly higher quit rate vs. bupropion or placebo at 12 weeks**[1,2,5]
- **Favourable safety and tolerability profile in approximately 4,000 treated smokers**[6]

of 56 1 mg tablets Card (EU/1/06/360/005) £54.60. Not all pack sizes may be marketed / marketed at launch. **Marketing Authorisation Holder:** Pfizer Limited, Sandwich, Kent, CT13 9NJ, United Kingdom. **Further information on request:** Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. Last revised: 09/2006

Adverse events should be reported to Pfizer Medical Information on 01304 616161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

References: 1. Gonzales D *et al.* JAMA 2006; 296:47-55. **2.** Jorenby DE *et al.* JAMA 2006; 296:56-63. **3.** Tonstad S *et al.* JAMA 2006; 296:64-71. **4.** Coe JW. J Med Chem 2005, 48:3474-3477. **5.** Gonzales DH *et al.* Presented at 12th SRNT, 15-18th Feb, 2006, Orlando, Florida. Abstract PA9-2. **6.** CHAMPIX Summary of Product Characteristics.

CHA055b
Date of preparation: Nov 2006

New oral prescription medicine

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varenicline tartrate

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Coughs are as varied as people – you can no doubt hear the difference between a dry cough and a chesty cough at 50 paces. The Benylin cough range offers an effective, tailor-made treatment for each of your customers, whatever their cough. Benylin is also investing £8M in communication initiatives, including consumer media and pharmacy training programmes, for the 2007/08 season.

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Benylin Chesty Coughs (Non-Drowsy) Product Information: Presentation: Red syrup containing 100 mg Guaifenesin and 1.1 mg Levomenthol per 5ml. **Uses:** Symptomatic relief of cough. **Dosage:** Adults and children over 18 years: 10 ml four times daily; children aged 6 – 12 years: 5 ml four times daily; children under 6 years: not recommended. **Contraindications:** Known hypersensitivity to ingredients. **Precautions:** Do not use in persistent or chronic cough, e.g. asthma, or cough accompanied by excessive secretions; caution in severe renal or hepatic impairment. **Pregnancy and Lactation:** Consult doctor before use. **Side effects:** Very rare. **RRP:** 125ml £3.49, 150ml £4.19 and 300ml £6.99. **Legal category:** GSL. **PL Holder:** Pfizer Consumer Healthcare, Walton-on-the-Hill, KT20 7NS. **PL Number:** 15513/0056. **Date of preparation:** August 2007.

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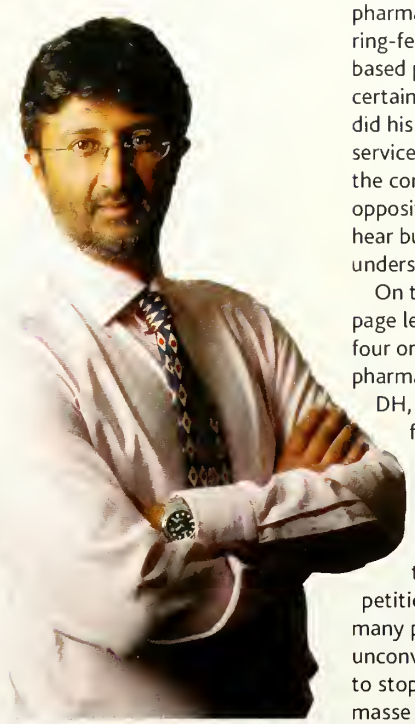
Comment from the Editor

"Ministers must take care to get the sector onside"



The Conservatives' plan for pharmacy, the RPSGB's proposal to raise fees and the failure of commissioners to utilise pharmacy all feature strongly in this week's news. And all share a theme – communication.

If Andrew Lansley, the shadow health secretary, wanted to win pharmacy's vote, his promise of ring-fenced funding for pharmacy based public health services certainly hit the mark (p10). As did his comments on adding services to the advanced tier of the contract. Perhaps those in opposition say what we want to hear but, either way, he clearly understands our concerns.

On the other hand, the seven-page letter sent jointly by the four organisations that represent pharmacy proprietors (p13) to the DH, setting out their reasons for opposing the RPSGB's planned fee rises, shows that the Society has failed to convince them of its arguments. And judging by the 10,000-strong online petition against the fee hike, many pharmacists were unconvinced too. If the Society is to stop members leaving en masse when membership becomes voluntary, pharmacists need to know – before the fee levels are imposed – what the new voluntary professional body will give them.

Communication should be a genuine two-way dialogue with both sides prepared to listen – something that is quite clearly missing in primary care in England, according to Steven Williams, chairman of the Association of Independent Multiple Pharmacies (p10).

PCTs and practice-based commissioners are "not ready, not capable and not up to the job" of commissioning pharmacy services, he argues. And the fact that the sector is overlooked no matter "how loudly" it shouts will do nothing but cement the feeling that PCTs have little interest in engaging with pharmacy.

With the latest DH plans for reforming the contractual framework in order to drive innovation and increase access imminent, ministers must take care to get the sector onside. There has been little to cheer this year, and the white paper must set a more upbeat tone. Good communication will be vital.

Gary Paragpuri, Editor

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Phoenix makes £49m Nucare bid

Pharmacies to be integrated with Rowlands as speculation grows over future Numark merger

Max Gosney

Nucare directors have brokered a £49 million deal to sell the symbol group to Numark's parent company, Phoenix.

Shareholders will vote on the 39.543p a share offer at a general meeting on November 5. The proposals need 90 per cent backing from investors, Nucare revealed.

The deal will see Nucare's 35-strong pharmacy chain converted to Rowlands, Phoenix's retail division. Under the offer terms Nucare will continue to run independent professional service support for "at least" the next 12 months.

However, documents also hinted at a possible tie up between Nucare and Numark in the future. Phoenix outlined plans to "take advantage of the benefits of scale and synergies" from bringing Nucare into its stable.

Paul Smith, chief executive of Phoenix, said: "We want to welcome Nucare members to our enlarged family and look forward to a long and fruitful relationship."

Nucare reported tough trading conditions for 2006 and closed its wholesaling business last May.

Nucare chairman Michael Major said: "It is now seven years since Nucare's last round of equity fundraising in 2000 and the Nucare board had been looking at how to create liquidity for shareholders."

Phoenix said it was "delighted" to have gained the backing of the Nucare board for its offer. The healthcare firm said it had already gained approval from 14.2 per cent of Nucare shareholders.

All Nucare pharmacy staff will be retained under the integration with Rowlands, Phoenix stated. According to offer documents, the pharmacy chain was a major incentive behind the deal, with Phoenix keen to boost Rowlands' presence in south east England.

Paul Smith: "We want to welcome Nucare members to our enlarged family"

News Comment — David Wood

The news of the impending purchase of Nucare by Phoenix is not surprising. There are a number of market pressures working against traditional pharmacy buying groups, including sector consolidation, the movement of monies from reimbursement to remuneration, decline in the PI market and the loss of generic margins due to cat M. Many buying groups have therefore had to try and change their model, moving towards support for their members in the so-called 'cognitive services'. The challenge is getting money for these services, when many of the wholesale-based 'virtual chains' give the services for free to pharmacists, bundling them with trading packages.

Therefore, in a consolidating market, the merger of Nucare and Numark makes sense. Commercially and geographically, the groups are complementary. Culturally, as Numark found in its failed merger talks in 2002, the groups come from entirely different directions. However, when there are so many other threats to independent pharmacy, there is no logic for the two to battle it out in a shrinking market.

So what for the future? Phoenix will change little in Nucare in the short-term, giving time for traditionally quiescent pharmacists to get used to the idea of the new ownership. The offer document clearly refers to the "benefits of scale and synergies", so casualties there will be, but if the job is done right there is no reason members would see a decline in services and indeed they could be enhanced.

David Wood was chief executive at Numark until its sale to Phoenix in October 2005. He is now IPF executive director

Nucare: sale will expand services

Nucare plans to use Phoenix's financial muscle to deliver a wider range of services and support to members, the group's chief executive has revealed.

Mahesh Shah stressed the group's commitment to the independent pharmacy sector.

Members could expect many "gems" under the ownership of Phoenix, a pan European wholesaler.

Mr Shah told C+D: "By having a financially strong owner of Nucare there will be greater benefits to come. What we will be doing is investing in members' ability to deliver services by providing a level of support to meet the rapidly changing demands of the NHS."

The £49 million takeover will also trigger closer ties between Nucare and Numark, he said.

Mr Shah added: "There's great scope for sharing best practice and thereby delivering enhanced benefits and marketing offerings to members."

However, the Nucare chief ruled out rumours of an immediate merger between the symbol groups. "Nucare will continue to operate as an independent business," he stressed. "We will continue to keep all of the excellent existing trading relationships that we enjoy with our major trading suppliers including AAH and UniChem. There will be no requirement for members to trade with Phoenix."

Mr Shah did not envisage any job losses resulting from the takeover.

The Nucare chief said he was "confident" of getting the 90 per cent shareholder backing needed to seal the deal, which is "unanimously recommended by the Nucare Board", he said. **MG.**

What do you think of the Phoenix bid?
haveyoursay@cmpmedica.com

Property price warning

Category M clawback reducing business values further, warns Day Lewis chief

Jennifer Richardson

Pharmacy owners thinking of selling their businesses should bring the sale forward to evade a slump in goodwill values, an industry leader has said.

Kirit Patel, Day Lewis chief executive, predicted losses of more than £200,000 in business values as a result of a £400 million cut in category M clawback.

The effect of the decline in generics margins on pharmacy sales profits would be compounded by an increase in capital gains tax from 10 to 18 per cent after April 1, he added.

"Those who are thinking of selling next year, my advice to them is to sell now," Mr Patel said. But he added that a sales rush could reduce goodwill values even further.

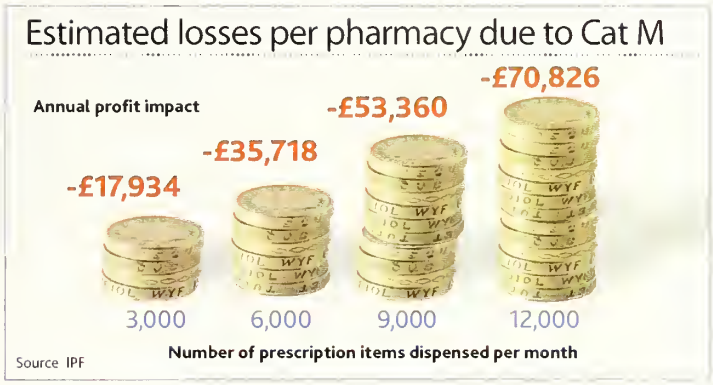
The warning came as the Independent Pharmacy Federation released figures indicating that the full-year impact of the category M reduction would be more than £35,000 for a pharmacy processing 6,000 prescriptions a month.

Umesh Modi, a partner at accountancy firm Silver Levene, said he knew of two loan guarantees that had been refused because of the new tariff.

The wholesalers involved had asked the buyers to renegotiate a 20 per cent reduction in goodwill values, Mr Modi said. "They were saying the prices need to reflect the changes from category M."

Martin Sawer, executive director of the British Association of Pharmaceutical Wholesalers, said loan guarantee refusals were more likely to be a result of recent supply deals, but that category M changes may have had additional influence.

He said: "We have always said that loan guarantees would be under threat because of changes to the supply chain – perhaps this was the straw that broke the camel's back."



News in brief

Erratic sexual health

The All-Party Parliamentary Pro-Choice and Sexual Health group has described sexual health services in general practices as "erratic" and "poorly planned" following the publication of a survey of 122 PCTs. One of the survey's findings was that only 5 per cent of general practices provides STI testing.

Consultation launched

The MHRA is seeking opinions on whether to reclassify 12-sachet packs of Calpol Six Plus Sugar Free Suspension. A switch would move the medicine from P to GSL. The deadline for submissions is November 8, 2007.
www.mhra.gov.uk

BAPW has regrets

Ian Brownlee, chairman of the British Association of Pharmaceutical Wholesalers, addressed the group's parliamentary reception at Westminster this week. UniChem's split from the organisation in April was "a decision of regret" to the BAPW, he said.

What do the members think?

FOR

"I think it will help to make Nucare stronger. It will bring in the experience of Numark, and that could work very well. Some people will see this takeover as independence being lost, and I suppose it is in a sense as there is now a commitment to Phoenix. But on the whole I'm optimistic about it."
Nilesh Sanghvi, Manchester

AGAINST

"Nucare have an excellent range of professional services, and I'm concerned about whether we would still have access to those services and whether Phoenix would see that as something worthwhile pursuing. They might provide the services, but take them in a different direction."
Dilip Patel, Birmingham

Michael Moore's new documentary, Sicko, will be released on Friday. The film follows Mr Moore as he examines the shortcomings of the American health service and looks at alternatives in Canada, France, Cuba and Britain. During his trip to London he interviewed NPA chairman and pharmacist Dilip Joshi of Boss Pharmacy, Clapham (C+D, February 17, 2006). Read the C+D review of Sicko next week

QUESTION of the week

Do you think pharmacy will benefit from the extra NHS funding promised by the government?

Yes: 22%
No: 71%
Don't Know: 7%

Armchair view: Oh what a cynical bunch you are. Three-quarters of readers were seriously underwhelmed by Downing Street's pledge last week to increase healthcare spend to £110bn by 2011. Maybe there's more chance of seeing extra cash under the Tories? Conservative MP Andrew Lansley promised ring-fenced funding at this week's Pharmacy Show.

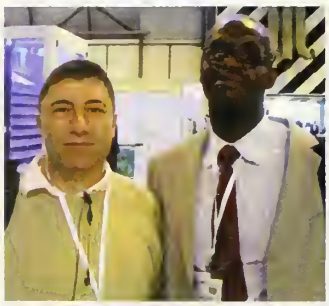
This week's question: Would pharmacy be better off under a Conservative government?

Vote at:
www.chemistanddruggist.co.uk

Dispensary TALK

How was the Pharmacy Show for you?

Wonderful. We're from Nigeria and we wanted information on what to stock. We've got so much to take back and transform our practice.
Mayowa Awobajo, Healthplus, Nigeria



Enjoyable. Made some new contacts. Thought it would be bigger.
Murat Tanji Atlihan (left) and Alton Gilkes, Chemifarm International, London

We're a new independent in Hull. We were talking to the reps and getting general information.
Susan Duffill (left), KC Pharmacy, Hull and Camille Nicholson, ER Pharmacy, Hull

EPS shutdown planned

NHS Spine upgrade will leave pharmacists without access for weekend

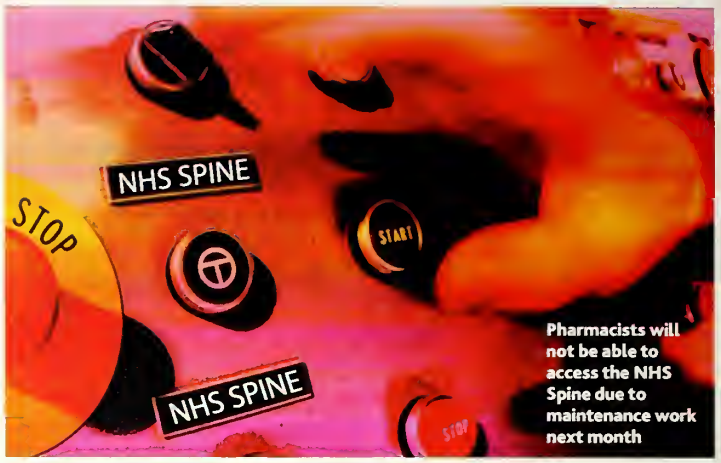
Zoe Smeaton

A scheduled shutdown of NHS IT systems for maintenance work has sparked fears that future repairs could bring chaos for pharmacists.

At 10pm on Friday November 9, Connecting for Health will begin work to upgrade the NHS Spine. This supports the electronic prescription service (EPS).

Over the weekend pharmacists will not be able to download information from the spine and will have to revert to manually inputting prescription items into their local systems.

Connecting for Health said the work will be completed by 10am on Sunday November 11, but systems suppliers and pharmacists have expressed concerns that the work will overrun.



Pharmacists will not be able to access the NHS Spine due to maintenance work next month

Yogendra Parmar, secretary of Lambeth, Southwark & Lewisham LPC commented: "If that [work] happens in release 2, the whole system will grind to a halt."

Connecting for Health said maintenance usually takes place with no obvious impact to system users, and that this type of work is unlikely to recur to the same extent in the future.

How will the EPS work affect you?
zsmeaton@cmpmedica.com

Give contractors extra health cash

Increased budgets for primary care should be used for expanding community pharmacy services, Howard Stoate, the chairman of the all-party pharmacy group, has demanded.

Dr Stoate, Labour MP for Dartford and a GP, said there was room in the recently announced increase in NHS spending over the next three years for the expansion of pharmacy care.

However, he said that the commissioning bodies who hold the purse strings must allocate to pharmacies to increase their range of services.

"I think there is money in the future budget which must go to community pharmacies," Dr Stoate said. "It is up to those commissioning health in primary care to make sure that they have the money." **CB**

Pharmacy bodies want united front on Darzi

England's national pharmacy bodies have jointly urged pharmacists to play an active part in the second phase of Lord Darzi's health service review.

Nine industry bodies, including the NPA, PSNC, CCA and RPSGB, called on pharmacists to get involved with the local consultations that make up the second part of the study. It also suggested they encourage their customers to contribute to the consultations.

Alison White, chief executive of the NPA, said: "It is important at this time of change that community pharmacy sees that there is an agreed direction of where we see pharmacy in the future. A united voice is a stronger voice for pharmacy."

The individual bodies will also be undertaking awareness-raising initiatives. The NPA has put some key messages on its website, PSNC will be briefing LPCs, and CCA will be raising awareness with its members and LPC representatives.

Stressing the importance of local consultation on the report, Georgina Craig, head of communications at the CCA, said: "It is disappointing that [the interim] report did not mention pharmacy more, but there are still opportunities within it that pharmacy can build on." **JC**

Cricket star gets the ball rolling at the Pharmacy Show 2007. Turn to page 18

Analgesics sales threat

Patients could be at risk as two stores are refusing to restrict sales of OTC analgesics to meet MHRA recommendations, experts warn.

Netto Foodstores has said it will restrict sales of the drugs (such as paracetamol, aspirin and ibuprofen) to two packs of 16 per customer. But Poundland and The 99p Store are continuing to sell three packs for £1, the MHRA said this week.

Pack sizes were reduced in 1998 to reduce the potential for abuse or excessive use of the medicines.

Jeremy Mean, MHRA policy group manager, said: "Sales of multiple packs of analgesics undermine the effect of the restrictions designed to save lives."

The RPSGB's Priya Sejpal said patients should be encouraged to buy their medicines from pharmacists ... to ensure supplies are in patients' best interests. **ZS**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Tory cash to cure blues

Conservatives will deliver guaranteed funding for public health work, says MP

Jennifer Richardson

Shadow health secretary Andrew Lansley has promised the profession ring-fenced cash for public health work under a David Cameron premiership.

"What I hope we will do as a government after the next election, on public health, is bring pharmacy as a healthcare profession into our healthcare objectives, not as an afterthought and not as a sideshow," Mr Lansley told visitors to the Pharmacy Show last weekend.

Public health had suffered as a result of focus on treatment time and financial targets, he said. Pharmacy needed an expanded role in screening services to improve Britain's early detection rates for conditions such as cancer and cardiovascular disease.

"The role of pharmacy in public health is something I feel very strongly about," Mr Lansley said, adding that he hoped the profession would welcome a separate public health budget.

PSNC spokesperson Dipen Shah said ring-fenced public health funding could be one way of tackling the difficulty in getting enhanced services commissioned by primary care trusts.

Mr Lansley said he would also consider adding further services to the advanced tier. PSNC felt minor ailments, sexual health and smoking cessation services were obvious candidates, Mr Shah said.

"We do realise there is a need for local commissioning but these are services that almost everyone in the population is going to need at some point in their lives."

Andrew Lansley: wants pharmacy at the centre of public health policy

NPA chief: 'Sort out funding'

"Boom and bust" funding of pharmacy must stop, to give the profession the confidence to invest in its future, according to Alison White, chief executive of the NPA.

Ms White was speaking at the Pharmacy Show, in her first public address since taking the position as NPA head.

She called upon the health secretary, Alan Johnson, to let pharmacy feel secure in its funding. "Please, Mr Johnson, make your next announcement on pharmacy really count," she said.

The NPA chief also expressed concerns about the uncertainty currently being caused by manufacturers changing traditional supply chains. She said pharmacy should work to redefine its relationship with these companies.

Commissioners 'not up to the job'

The Association of Independent Multiple Pharmacies has hit out at the failure of primary care trusts and practice-based commissioners in England and Wales to utilise community pharmacies.

Local commissioning of pharmacy services does not work, says AIMp chairman Steven Williams, and PCTs and PBCs are "not ready, not capable and not up to the job".

Pharmacists are frustrated and losing patience, he warned last week at the Association's annual dinner. "PCTs and PBCs are not doing their job properly. And neither is government," he said. "PCTs and PBCs have shown a distinct reluctance to commission enhanced services ... the influence of other providers and the incentives within practice-based commissioning mean that pharmacy is often not considered no matter how loudly the local LPC and pharmacy businesses shout."

Steven Williams: pharmacists losing patience

What PCTs and PBCs can do, and want to do, is work within a national pharmacy contract which allows them to pick and choose the services that are appropriate to their area, he believed.

This type of structure is one which the all-party pharmacy group wishes to develop, and he hoped the forthcoming white paper on community pharmacy services would reflect that.

He renewed the call for a national minor ailments scheme through community pharmacies in England and Wales. Several PCT schemes and the Scottish model show that they work and are cost-effective, he said.

Mr Williams also criticised the frustrating lack of progress with the implementation of electronic prescriptions, repeat dispensing, and access to patient record information.

AIMp is happy with the proposed changes to the regulation of pharmacies and pharmacists, Mr Williams said. **PG**

Would pharmacy fare better under the Tories?
[redacted]@cmpmedica.com

News in brief

PPRT award winners

The Pharmacy Practice Research Trust has announced the winners of its research awards and bursary scheme. The PPRT paid out a total of £58,000, split between six successful applicants. The money will fund training for two of them and allow the other four to pursue their own research. For a list of this years' winners go to http://tinyurl.com/2zfnnx.

Scottish access demands

The Scottish contract negotiator has said that access to electronic patient records is "essential" for community pharmacists to fulfil their expanding role. Community Pharmacy Scotland's newly-published manifesto welcomed the profession's development under the new contract but called for this to be "properly resourced and managed".

Extended opening

The NPA is to extend its information department's opening hours from early 2008 to include later evenings and Saturday mornings. Chief executive Alison White said "significant sums" would also be invested to upgrade the service's telephone and IT systems.

Evolution of pharmacy

Insight into the evolution of pharmacy and past practice is available in a new RPSGB online resource. Graham Phillips, chairman of the Society's education committee, said such historical information was important as past professionalism and ethics remained embedded within the pharmacy profession. http://tinyurl.com/37veo2

Help rein in men

Education and awareness are needed to help men tackle health issues, according to AAH. Pharmacists said the company's Men's Health Service, a health check-up for men, was "a step in the right direction", but too few men are taking up the tests.

Tackling bowel cancer

Sports-themed adverts in match programmes at football and rugby games will raise awareness of bowel cancer symptoms as part of Beating Bowel Cancer's "Tackle It!" campaign. www.beatingbowelcancer.org/sport

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Wockhardt UK Limited, Ash Road North, Wrexham Industrial Estate, Wrexham LL13 9UF, UK. Tel: 0800 262 570

Report Adverse Events to licence holder on 0800 262 570. Information on AE reporting: www.yellowcard.gov.uk

Nrt01/07/c August 2007

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Presentation: White cream containing 1.0% w/w urea BP, 0.5% w/w Cetrimide BP, 9.0% w/w Dimeticone BPC and BP Vegetable oils. Uses: For the application to cold sores and cracked lips. Dosage: Apply sparingly every hour. Contra-indications: [illegible] For external use only. If symptoms persist consult a doctor. Interactions: None known. Pregnancy and lactation: [illegible] and lactation. Undesirable effects: [illegible]. Legal category: GSL. MA number: 0083/0026. MA Holder: E.C. De Witt [illegible]. Price: £1.47 for a pack of 5. Pack size: 5g tube. Date of preparation: 28 September 2007. 2007 OTC-0235.

Independents first choice for health advice

Evidence of stronger relationship with patients, says IPF director

James Clegg

People trust independent pharmacists more than colleagues working for multiples or supermarkets, research has claimed.

The study showed 66 per cent would trust advice from a local independent pharmacist "a lot". Retailers, including Boots and supermarket giants, scored an average of 36 per cent approval for the same question.

Fifty families participated in the survey for market research and media agency Media Planning Group. Participants cited trust and closeness to home as major factors in their choice.

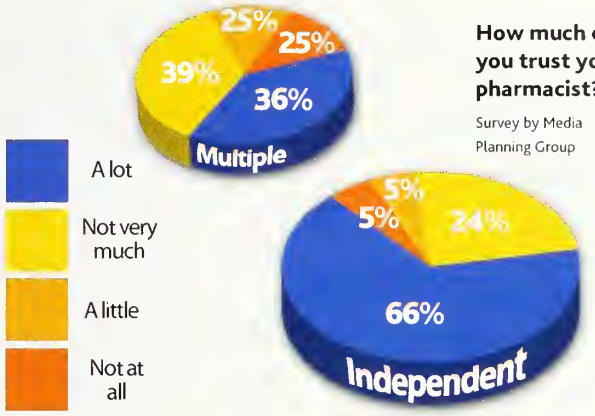
David Wood, non-executive director of the Independent Pharmacy Federation, said: "This survey confirms what we already know – independent pharmacists have a stronger relationship with their patients than multiples. This is a trust that can only be broken by multiples either buying the business out or putting a pharmacy in the local health centre."

Boots fared best of the multiples, with 59 per cent saying they trusted its pharmacists "a lot".

Lloydspharmacy received 40 per cent and supermarkets 30 per cent approval. Superdrug came bottom, with only 17 per cent saying they would trust advice.

Martin Crisp, head of pharmacy at Superdrug, said: "Obviously it's disappointing to see that. In our own customer satisfaction services we've had very positive results. So I think people who actually do use us are very happy with the service.

"Our two main points are we have good people working for us and we're trying to put more emphasis on services we hope will please customers and patients."



How much do patients trust you?
mgosney@cmpmedica.com

National bodies' fee concerns

National bodies representing pharmacy owners have joined forces to fight the Royal Pharmaceutical Society's proposed 55 per cent increase in premises fees.

PSNC, NPA, CCA and AIMp have written a joint letter to the Department of Health rejecting the "unacceptable" increase from £156 to £243. The DH must approve the Society's proposals for them to be implemented.

They might be willing to accept an increase of no more than inflation, the organisations said, as long as the Society produced evidence of the need for this.

"Before any increase whatsoever can be accepted, the Society must furnish better information about its activities and the use to which funding will be put," they said.

The letter was sent a week after the four bodies and the Society announced they were "aligned to face the future". CCA chief executive Rob Darracott confirmed all five bodies' intention to work together more closely and said the fees situation was an unusual one.

"At a national level we're all trying to achieve the same thing for pharmacy and pharmacists and I don't think a response on fees is contrary to that," he said. **JR**

"I would just like to thank..." The 18 Pharma award winners at the inaugural ceremony in the Hilton Metropole, Birmingham. The Pharmas recognise innovative individuals and teams in pharmacy across the country. The evening, which took place on the first night of this year's Pharmacy Show, included a lifetime achievement award for Ann Lewis, recently retired secretary and registrar of the RPSGB. Kirit Patel, chief executive of the Day Lewis Group, described the night as "pharmacy's Oscars"

News in brief

£170m for mental health

Health secretary Alan Johnson has committed £170 million a year to tackling mental health problems such as anxiety and depression using psychological therapies. Treatment such as cognitive behavioural therapy will be rolled out to 20 areas next year before becoming nationally available by 2010-11.

Male chlamydia risk

New research indicates that chlamydia damages male as well as female fertility. But only 23 per cent of chlamydia tests at Boots, now available in 216 of its Greater London pharmacies free to 16 to 24-year-olds, are performed on men, it says.

Lung cancer awareness

The NPA, RPSGB and Lloydspharmacy are supporting Lung Cancer Awareness Month this November. The Roy Castle Foundation said this was important because many people visit their pharmacist with early symptoms of the disease. Awareness posters and leaflets are available from the charity. Tel: 0871 220 5424 steelec@roycastle.liv.ac.uk

Alliance Boots buys

A pharmacist who developed a 14-strong chain of practices over almost 30 years has sold the company to Alliance Boots. Phil Henderson started Henderson Pharmacy Ltd from a single premises in 1979 and now has branches across Northumberland and the Tyne Valley.

Pharmacy Channel Plus

The NPA has endorsed in-store media provider Pharmacy Channel as a way for members to add value to their businesses. The Pharmacy Channel Plus service enables communication with patients via text messages and email as well as till-point screens highlighting services and offers. www.npa.co.uk

Ask Boots online

Boots has joined forces with the British Medical Journal publishing group to develop a health information website. The site aims to help patients maximise the time they spend with their doctor or pharmacist, Boots said. www.boots.com/askboots

For more clinical news see:
www.chemistanddruggist.co.uk/clinical

SSRI plus NSAID may cause GI bleeds

Serotonin could be the culprit, according to researchers in the UK and USA

Asha Fowells

Taking antidepressants with analgesics substantially increases the risk of an upper gastrointestinal bleed, say researchers in the UK and USA.

A meta-analysis of over 150,000 patients found that nearly 1 per cent of those on an SSRI and an NSAID suffered an upper GI bleed.

The researchers say their work shows that SSRIs "more than double the risk" of an upper GI bleed, and concomitant NSAID use increases the risk by more than 500 per cent. The culprit appears to be serotonin, which is responsible for maintaining platelet functions such as aggregation, suggests the study, published in the journal Alimentary Pharmacology & Therapeutics.

The research team say this hypothesis is supported by the fact that paroxetine, fluoxetine and sertraline – agents with the highest degree of serotonin reuptake inhibition are more frequently associated with bleeding abnormalities, though they warn that the risk may not be predicted by standard blood tests.

The findings have both clinical and regulatory implications, conclude the researchers. They urge clinicians to take a detailed GI history before prescribing SSRIs, and to consider alternatives for high risk patients.

Furthermore, regulatory agencies need to strengthen the warnings on SSRI package inserts, highlighting in particular the interaction with NSAIDs, they added.
http://tinyurl.com/2tc6kc

Oral antibiotics for severe UTIs

Oral antibiotics are as effective as injectables for severe urinary tract infections, a Cochrane review has concluded.

An analysis of 15 randomised controlled trials involving over 1,700 patients found there were no significant differences in outcomes between patients who received antibiotics by different routes. The reason for this appears to be the potency of available oral antibiotics, particularly third generation cephalosporins.

The author Annette Pohl concludes: "Although severe UTIs are usually treated exclusively with IV antibiotics (or at least initially) followed by oral antibiotics, this review suggests that the mode of application is not essential for the success of therapy... even long-term outcomes such as kidney scarring do not seem to differ."

However, Dr Pohl warns of the need for a cost-effectiveness analysis before changing practice. Using oral drugs would initially appear to cut costs by means of reducing hospital stays, but some oral antibiotics – particularly the third generation cephalosporins – were more expensive than many IV drugs. Furthermore, compliance could be an issue, she explained.
Coch Rev 2007; Issue 4.

Chemotherapy may not benefit under-40s

Many women under 40 with breast cancer may not benefit from chemotherapy treatment, according to a research paper published in the online journal Breast Cancer Research.

The authors tested breast cancer tumour tissue taken from 480 women under 40 for oestrogen receptor status, and compared their overall survival.

Among patients who received chemotherapy, no significant difference in survival rates was found between those in the oestrogen receptor-positive group and those who were negative.

Oestrogen receptor-positive breast cancers account for two-thirds of breast cancer cases in the under-40s, and are generally less aggressive than the oestrogen receptor-negative group.

Young patients with hormone receptor positive tumours benefit [illegible] adjuvant systemic chemotherapy than patients with receptor-negative tumours, the authors concluded.

Chemotherapy alone should not be regarded as the optimal adjuvant systemic treatment in this group, they said.
http://breast-cancer-research.com

Hormone receptor-positive tumours responded less well to chemotherapy

Clinical Alerts

MHRA recalls

Warfarin 1mg tablets (Bristol Labs), batches BYB7003F and BYB7004F, expiry April 2009. Packaging non-compliant with the warfarin voluntary code of practice.
http://tinyurl.com/2q45wc
Boots brand blood glucose meters. Possible display failure affecting 24 batches.
http://tinyurl.com/263oa4

SPC changes

Enbrel 25mg and 50mg pre-filled syringe, and 25mg powder for injection (etanercept). Additional warnings about the risk of infection, and the need to supply patients with a patient alert card.
http://tinyurl.com/ytyw8a
Rapamune 1mg and 2mg tablets and 1mg/ml oral solution (sirolimus). Additional adverse effects and warnings on use of the drug.
http://tinyurl.com/2dr93r

Premier PILs

The MHRA has published a number of patient information leaflets, including those for Crestor, Calpol Sugar Free Infant Suspension and Seroquel. The agency hopes this move will share best practice and aid learning to improve the quality of PILs, and, in turn, enable patients to use medicines safely and effectively.
http://tinyurl.com/222ap8

Triclofos orders

UCB Pharma has announced that AAH Pharmaceuticals will be the main supplier of Triclofos Elixir (triclofos sodium) from November 1. Other companies are currently stocking the product, but UCB has decided to restrict supplies to one wholesaler from November as current batches are shortdated. A UCB spokeswoman said pharmacists would not be able to order the product directly from the manufacturer, but added that normal supplies would resume when new batches – expected early next year – became available.
For more information, call UCB Pharma on 01753 534655.

For more clinical news
See page 16

A proposal

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For further information please freephone 0800 854431 or contact Winthrop Pharmaceuticals, 1 Onslow Street, Guildford, Surrey, GU1 4YS. Fax number 01483 554809. Date of preparation: June 2007 STW 335

For more clinical news see:
www.chemistanddruggist.co.uk/clinical

Resistant Strep emerges

Bacterium isolated in children with acute otitis media

Asha Fowells

An antibiotic-resistant strain of *Streptococcus pneumoniae* has been discovered in the USA.

The bacterium was isolated from children with acute otitis media (AOM), and was resistant to all antibiotics licensed for this indication in the USA.

Infections caused by the strain continued to produce symptoms until the patients were treated with either levofloxacin – not indicated for AOM in the USA – or surgery.

The authors highlighted the lack of antibiotics in phase 3 trials for paediatric AOM, and warned against using levofloxacin or other fluoroquinolones for difficult to treat pneumococcal infections, as levofloxacin-resistant *Strep pneumoniae* has been seen in adults with respiratory infections.

They added that introducing a seven valent pneumococcal conjugate vaccine meant continuous monitoring was required, as it changed pathogen distribution and antibiotic resistance patterns.

JAMA 2007; 298: 1772-78.

Lack of diabetes choice criticised

Patients with diabetes are not given enough facts to make informed choices about their insulin treatment, a report by the Insulin Dependent Diabetes Trust has claimed.

The report called for more research into the long-term safety and efficacy of genetically engineered insulin. It also said that marketing these products as "human" was misleading, and added that concerns about the safety of the newer insulins had been understated.

The report's authors recommended that existing insulins should not be discontinued until there is more evidence on the safety of synthetic insulins.

Further, the cost-effectiveness of insulin analogues should be established, as such products are considerably more expensive than synthetic human or animal insulins.

The organisation has long questioned the phasing-out of animal insulins, highlighting cases of patients who have suffered side effects when switched to synthetic human insulins. **AF**

www.iddtinternational.org

Stroke risk cut with early treatment

Early initiation of standard treatments following transient ischaemic attack or stroke reduces risk of recurrent TIAs and strokes by 80 per cent, according to a 'before and after' study in the Oxford area.

The study published in The Lancet analysed events before and after the introduction of immediate clinic assessment and treatment instead of primary care management.

The results should lead to immediate changes in the stroke management, the authors concluded.

www.thelancet.com

• People with high cholesterol levels may have less severe strokes and lower stroke mortality than those with low cholesterol levels, a retrospective analysis of Danish stroke data has revealed. **GMA**

Stroke 2007; 38: 2646–51

...in this week's ...ue on skin rashes

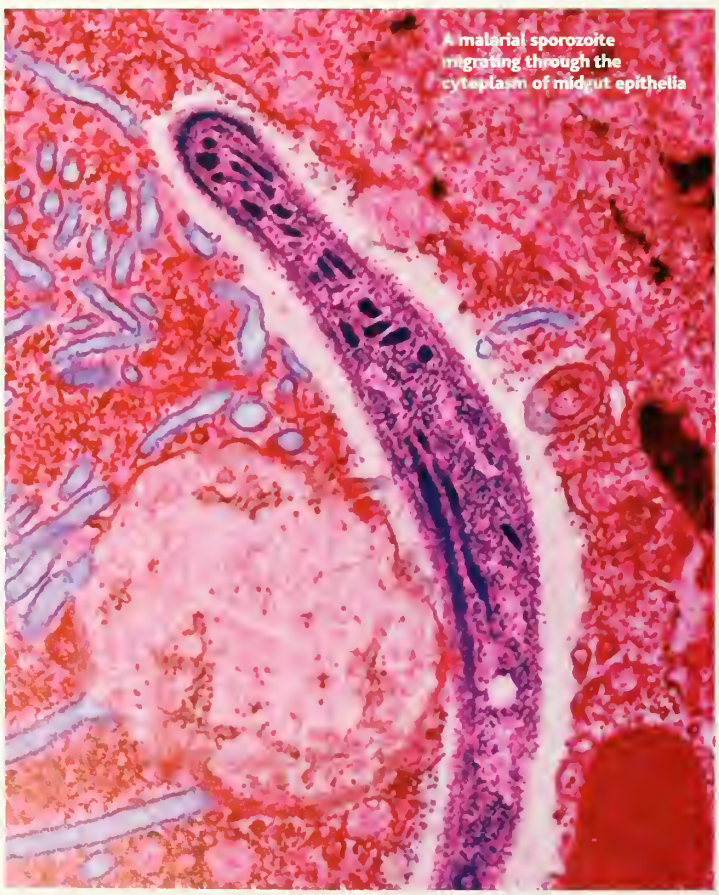

Image by Ute Frevert, false colour by Margaret Shear

A potential malaria vaccine has produced promising results in a trial in African infants, according to a paper published by The Lancet. The double-blind trial in 214 infants in Mozambique revealed no serious adverse events in the vaccine or control groups, and that the risk of new malaria infection in the vaccinated group was reduced by 65 per cent. All participants were provided with insecticide-treated bednets, and their homes were sprayed with insecticide. For more information see www.thelancet.com

Clinical Matters

Obesity link to cancer

Obesity is the strongest risk factor for colorectal cancer in women, beating even smoking as a health hazard for the disease. US researchers examined data from over 1,200 women who underwent colonoscopy and found that a fifth of those with colorectal neoplasia were also obese, compared to 14 per cent who were smokers. The findings were presented at the American College of Gastroenterology's annual scientific meeting.

Gardasil warning

US public watchdog group Judicial Watch has released FDA documents detailing 1,637 adverse reactions to the HPV vaccine Gardasil, including three deaths and 371 serious reactions.

www.judicialwatch.org

Approval for sitagliptin

The Midlands Therapeutics Review and Advisory Committee has published two reviews of the evidence on the type 2 diabetes drug sitagliptin and inhaled insulin. The reviews summarise current evidence and conclude that sitagliptin should be prescribed in primary care on the advice of a specialist, and inhaled insulin should not be prescribed.

http://tinyurl.com/2qs6zy

http://tinyurl.com/2cul6a

Review HRT evidence call

The International Menopause Society has issued an open letter calling on health authorities to take account of new age-related data on hormone therapy. Signed by four leading figures of the society, it argues that the balance of benefits to risks is now clearly in favour of hormone therapy in the early postmenopausal period.

www.imsociety.org

Ten-year statin effects

Follow-up data from the WOSCOPS statin study trial population suggests reductions in cardiovascular mortality continue long after subjects ceased taking statin medication. The authors concluded that in men with raised cholesterol but no history of MI, five years of treatment continued to be associated with a significant reduction in cardiovascular risk over the following 10 years.

N Engl J Med 2007; 357: 1543–5.

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Abbreviated Prescribing Information: Metformin Hydrochloride 500mg/5ml Oral Solution. Consult Summary of Product Characteristics before prescribing. Presentation: Solution containing 500mg metformin hydrochloride in each 5ml **Therapeutic Indications:** Type 2 Diabetes mellitus. **Posology:** Adults: Starting dose 500mg 2 or 3 times a day. *Monotherapy* – Dose should be adjusted according to blood glucose measurements after 10-15 days. Maximum – 3g daily. *Combination* – Insulin dose should be adjusted according to blood glucose measurements Children (>10years): Starting dose – 500mg once daily. Dose should be adjusted according to blood glucose measurements after 10-15 days Maximum – 2g (in divided doses) Elderly: Dosage adjusted based on renal function. Regular assessment of renal function necessary. **Contra-indications:** Hypersensitivity, diabetic ketoacidosis, diabetic pre-coma, renal failure/dysfunction, acute conditions with potential to alter renal function, acute or chronic disease which may cause tissue hypoxia, hepatic insufficiency, lactation. **Precautions and Interactions:** Lactic acidosis, especially in significant renal failure. If metabolic acidosis is suspected metformin should be discontinued and the patient hospitalised. Serum creatinine levels should be checked before treatment and regularly thereafter Special caution should be exercised in situations where renal function may become impaired. Discontinue metformin prior to using iodinated contrast agents, do not reinstitute until 48 hours afterwards and renal function is normal. Discontinue 48 hours prior to surgery with general anaesthesia and do not reinstate until 48 hours afterwards. Type 2 diabetes should be confirmed in children and adolescents prior to treatment. Follow up is recommended in pre-pubescent children on the effect on growth and puberty. Particular caution is required in children aged 10-12 years. Patients should continue on their prescribed diet. Usual lab monitoring should be performed regularly. Caution advised when used in combination with insulin and sulphonylureas due to possible hypoglycaemia. *Excipient Warnings:* a) Parahydroxybenzoates – may cause allergic reactions b) Liquid maltitol – Patients with fructose intolerance should not take this medicine c) Sodium - contains 5.3mg per 5ml, this should be taken into account in controlled sodium diets. d) Potassium – contains 14.5mg per 5ml, this should be taken into consideration in renal dysfunction or potassium controlled diets. Concomitant use with alcohol is not recommended. More frequent blood glucose monitoring when using glucocorticoids (systemic and local), β2 agonists and diuretics. Dosage adjustment may be required when using ACE-inhibitors. **Pregnancy and lactation:** During and prior to pregnancy, patients should not be treated with metformin but insulin to maintain glucose levels and lower the risk of foetal malformations. Metformin is excreted in milk in lactating rats, no similar human data is available, and therefore a decision should be made whether to discontinue nursing or discontinue metformin **Effects on ability to drive and use machines:** Metformin alone does not affect the ability to drive or operate machinery. However, there is a risk of hypoglycaemia when used in combination with oral anti-diabetics. **Undesirable effects:** *Metabolism and nutrition* Very rare: decrease of Vit B12 absorption, lactic acidosis. *Nervous system disorders:* Common: Taste disturbance. *Gastrointestinal disorders.* Very common: nausea, vomiting, diarrhoea, abdominal pain, loss of appetite These occur most frequently during initiation of therapy and resolve spontaneously in most cases. It is recommended to take metformin in 2 or 3 daily doses during or after meals with a possible slow increase of dose *Hepatobiliary disorders:* Isolated reports: Liver function test abnormalities, hepatitis resolving upon discontinuation. *Skin and subcutaneous:* Very rare: skin reactions (erythema, pruritus, urticaria) Adverse event reporting is similar in nature and severity in children as in adults **Overdose:** Hypoglycaemia has not been seen with metformin doses of up to 85g although lactic acidosis has occurred in such circumstances. High overdose or concomitant risks may lead to lactic acidosis which is a medical emergency and should be treated in hospital. **Shelf Life and Storage:** 12 months unopened (28 days after opening) Do not store above 25°C **Legal Category:** POM **Pack Size and NHS Price:** 150ml £8.6 **Marketing Authorisation Holder:** Rosemont Pharmaceuticals Ltd, Rosemont House, Yorkdale Industrial Park, Braithwaite Street, Leeds, LS11 9XE **Marketing Authorisation Number:** PL00427/0139 **Date of Preparation:** July 2007

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Max Gosney

The world's fastest bowler made his debut at the Pharmacy Show in Birmingham this week. And Shoaib Akhtar – a man used to bowling fast-paced deliveries – must have felt at home at this year's action-packed exhibition. Community pharmacists from across the UK flocked to the NEC to sample the latest products, services and seminars on show at the event.

Conservative MP Andrew Lansley told show delegates to expect a greater role in public health under a David Cameron premiership. Meanwhile, the C+D stand was swamped with readers lured by the much sought after C+D mug. Make sure you make a date for the Pharmacy Show 2008...

The big issue: pharmacists flocked to the C+D stand to meet the team and check out our new website

The Pharmacy Show 2007

Hundreds of exhibitors were on show including Approved Suppliers of the NPA (above), a £40,000 dispensing robot (above right), SSL (right) and PharmaClinix, a luxury cosmeceutical range for Asian skin tones (below)

Pakistan bowler Shoaib Akhtar gets to grips with C+D's Gary Paragpuri (top), before answering questions in the [illegible] theatre (below)

[illegible] can take the relaxed [illegible] a little too far...

...And whilst they quit, they can keep their weight under control

5 out of 10 smokers remained quit at 4 weeks with NiQuitin cq® 4mg Lozenge.[1] NiQuitin cq® 4mg Lozenge can significantly reduce the weight gain associated with the first few months of quitting.[1]

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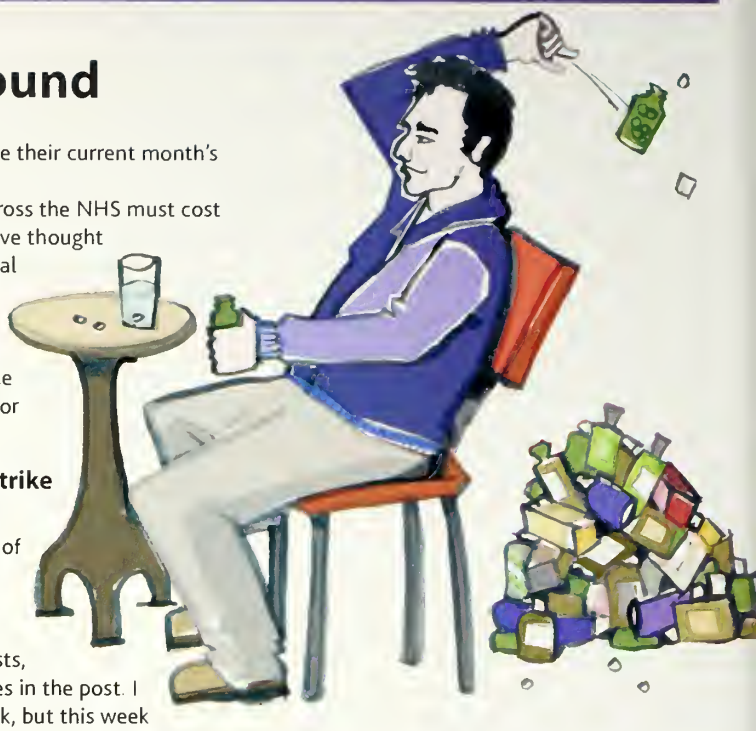
NiQuitin CQ 2mg/4mg Lozenge and Mint Lozenge (nicotine). See SPC for full information. For relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults: 4mg if smoke within 30 minutes of waking. 2mg if longer. Weeks 1 to 6; 1 lozenge every 1 to 2 hours (min. 9 max. 15/day), weeks 7 to 9; 1 lozenge every 2 to 4 hours, weeks 10 to 12; 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications/ precautions:** Hypersensitivity, cardiovascular disease, urticaria, severe renal/hepatic impairment, phaeochromocytoma, hyperthyroidism, diabetes, phenylketonuria, low sodium diet. Swallowed nicotine may exacerbate oesophagitis, gastric/peptic ulcer. **Side effects:** Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst, taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling, leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. See SPC for full details. **Pregnancy/ lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. GSL **PL** 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of revision:** December 2005. **Reference:** 1. Shiffman S *et al.* Arch Intern Med 2002; **162:** 1267-1276.

gsk GlaxoSmithKline Consumer Healthcare

Xrayser

Waste not want not – all year round



Medicines wastage campaigns are laudable affairs and show the importance of medicines management while allowing pharmacists' input to be measured clearly in pound signs. I just don't understand why there isn't a national scheme that runs for 52 weeks of the year.

More than £35 million is spent on waste medicines in the West Midlands, yet the local PCTs are only willing to fund a six-week campaign. That's like saying pharmacists should only advise patients on the safe use of their medicines for six weeks of the year, and leave them to get on with it for the rest of the time. People have short memories and an annual amnesty isn't sufficient.

GPs and pharmacists in the West Midlands are reminding patients to only order the medicines they need and to have regular MURs. If they did that year-round the message might sink in.

It's shocking to see the carrier bags of unused medicines returned by some patients after a clear out. I'm sure they often can't tell the 'current' medication from the 'old'. But this applies whether they've been accumulating unnecessary drugs for a year or a month. Ideally patients should only have their current month's supply of drugs.

Medicines wastage across the NHS must cost a fortune and I would have thought that enough of these local campaigns have proved successful to present a case to the DH for a nationally funded scheme which would easily pay for itself.

Beating the postal strike

I can't blame the postal strike for the late arrival of this month's Drug Tariff but it has caused some disruption, not least for those with repeat requests, prescriptions and cheques in the post. I missed my C+D last week, but this week I've been enjoying the latest news and features on its new website – www.chemistanddruggist.co.uk.

The magazine will still be vital for a more leisurely read for me and my staff but this up to date website will be a useful and easy to access reference source. The old style site was a little frustrating because of its limited content, but it's all there on the new site. I particularly like the SearchMedica search engine which makes finding relevant health material much easier and points me to new and useful sources.

I also like the story about the visualisation software that allows healthcare professionals to view medical records by pointing at the relevant body part. Sounds clever but a bit gimmicky.

> "It's shocking to see the carrier bags of unused medicines returned by some"

Lambeth Outlook — Jeremy Holmes

Suddenly pharmacy has become *the* fashionable topic

What a difference a month makes. Since I took over at the RPSGB in September, the political scene has buzzed with talk of pharmacy.

I take no credit for that of course (the timing was entirely coincidental) but it's a fact that all three main parties have made significant statements about community pharmacy's role in providing access to quality healthcare. That's in marked contrast to the then health secretary's speech in June on "The next 10 years of the NHS" in which pharmacy was not mentioned. As a profession, we need to capitalise on this interest and show we can deliver real patient benefits in the face of the restructuring of primary care.

"Ah but", I hear you say, "last month also saw major hits to category M and practice payments". True, but it's part of the unstoppable process which is forcing us to focus on pharmacy's clinical role. Yes, we need the right financial mechanisms and incentives to make clinical services more widespread, but that's the direction we need to go in. A consultation on the Society's Pharmacy 2020 initiative, to define pharmacy's future role, has been launched and I encourage everyone to comment on it.

Which brings me to leadership. The Society has to demerge its regulatory and professional leadership functions. The former will migrate to the General Pharmaceutical Council, the latter still needs to be defined. We have set up an independent inquiry to hear what you believe should be the principles, functions and structure of a leadership body. Please engage with the inquiry, it is a once in a generation opportunity for all of us to have a role in shaping an organisation that can truly 'lead and serve' our profession.

And the fee increase? Are we listening there? Well, the consultation process is an important part of setting the final fee level and we are taking into account as many comments as possible, including the online petition. We are also examining our own cost base. But there's no getting away from the fact that the Society cannot continue to run at a deficit. I am determined we should provide the most efficient – but also the most effective – leadership for the profession.

And the increase itself? It equates to around £12 per month (and we're actively trying to overcome the regulatory barriers to monthly payments). When you think of the major changes that lie ahead, and the great opportunities the profession needs to grasp, it's actually not much of a difference.

Jeremy Holmes is chief executive and registrar, RPSGB

Measuring and managing 24-hour blood pressure load

24-hour BP control can be an overlooked but potentially important factor in reducing total cardiovascular [illegible]. This is an area which pharmacists have increasing opportunity to oversee.

Considering the BP load

There is an established acceptance that BP surges in the early morning, as part of the natural 24-hour circadian pattern of BP fluctuations.[2] Several studies demonstrate a peak interval between 6am and noon for the occurrence of CV events (see figure 1).[3,4] BP load over 24 hours could be a better predictor of CV disease than isolated clinic measurements, which are susceptible to variability.[5]

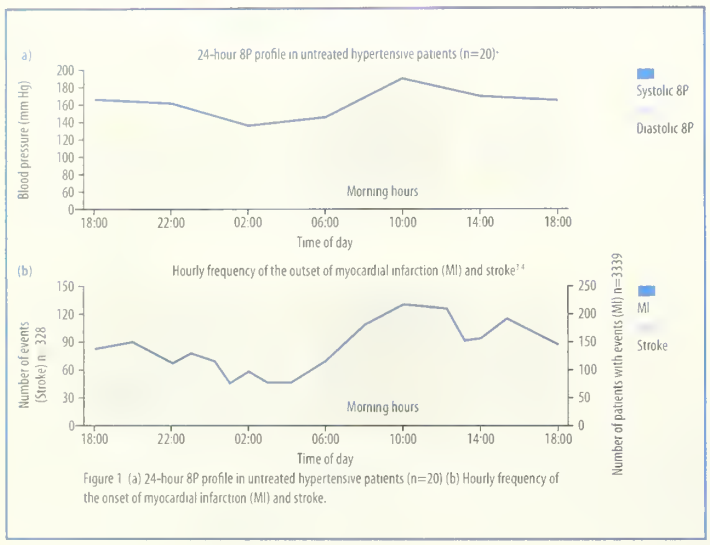


Figure 1 (a) 24-hour BP profile in untreated hypertensive patients (n=20) (b) Hourly frequency of the onset of myocardial infarction (MI) and stroke.

(a) Adapted from: Millar-Craig MW *et al*.Circadian variation of blood pressure. *Lancet* 1978; **311**.795-797

(b) Adapted from: Tofler GH *et al*. Modifiers of timing and possible triggers of acute myocardial infarction in the Thrombolysis In Myocardial Infarction phase II (TIMI II) study group. *J Am Coll Cardiol* 1992; 20:1049-1055 and Kelly-Hayes M *et al*. Temporal patterns of stroke onset: the Framingham Study *Stroke* 1995, **26**(8) 1343-1347.

Monitoring BP over 24-hours

ABPM gives clinicians a more detailed picture of a patient's BP, and when assessing response to treatment, includes the last 4-6 hour period (before the next antihypertensive dose is taken). Single office measurements may suggest BP control is adequate, but it cannot establish whether the treatment achieves consistent 24-hour control.

The PRISMA (Prospective Randomised Investigation of the Safety and efficacy of telmisartan versus ramipril using ABPM) study, part of the PROTECTION trial programme, compares the 24-hour BP control of an angiotensin converting enzyme inhibitor (ACEI) versus an angiotensin receptor blocker (ARB). Results show that telmisartan 80mg once-daily produced greater ambulatory SBP and DBP reductions from baseline than ramipril 5 and 10mg with a reduced incidence of cough (0.5 versus 5.7%) - a common side effect experienced with ACEIs. It also demonstrated significantly greater BP reductions of mean ambulatory SBP and DBP over the last 6 hours of the dosing interval compared with ramipril 5 and 10mg.[6,7]

24-hour BP control - implications for hypertension management

ABPM is recognised to be of benefit in patients with conditions such as resistant hypertension (i.e. who are not adequately responding to treatment) and those who may have white coat hypertension.[8] In patients with resistant hypertension whose blood pressure is not adequately controlled, a change in medication may be required, either adjusting doses, considering an alternative treatment, or adding in another therapy (according to the stepwise NICE guidance[9]). Attention to doses may be important, for example many patients are currently prescribed telmisartan 20mg, whereas the usually effective dose is 40mg once daily (telmisartan can be increased to a maximum of 80mg once daily). In addition, telmisartan may be used in combination with thiazide-type diuretics such as hydrochlorothiazide which has been shown to have an additive blood pressure lowering effect.[10]

Pharmacy-led clinics can have a positive impact on managing a patient's hypertension to reduce future CV events. They are in an ideal position to help ensure that a patient's BP is being measured regularly and that patients are on optimal treatment, offering well-tolerated and consistent BP lowering.

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References

1. Mead M. The need for 24-hour blood pressure control. *Br J Cardiol* 2003;10: 310-14. **2.** Millar-Craig MW *et al*. Circadian variation of blood-pressure. *Lancet* 1978;311:795-797. **3.** Tofler GH *et al*. Modifiers of timing and possible triggers of acute myocardial infarction in the Thrombolysis in Myocardial Infarction phase II (TIMI II) study group. *J Am Call Cardial* 1992; 20:1049-1055. **4.** Kelly-Hayes M et al. Temporal patterns of stroke onset: the Framingham Study. *Stroke* 1995; 26(8):1343-1347. **5.** Elliott H. The importance of 24-hour blood pressure control. *Cardiology News* 2005; 8:14-15. **6.** Williams B, Gosse P, Lowe L, Harper R on behalf of the PRISMA 1 Study Group. The prospective, randomised investigation of the safety and efficacy of telmisartan versus ramipril using ambulatory blood pressure monitoring (PRISMA1). *J Hypertens* 2006; 24: 192-3. **7.** Williams B *et al*. Telmisartan versus ramipril in 24-h ambulatory blood pressure: a pooled analysis of two prospective, randomized trials in mild-to-moderate hypertensive patients. The European Society of Hypertension 15th Annual Meeting on Hypertension, June 2005, Milan, Italy. **8.** O'Brien E, Asmar R, Beilin L et al. Practice guidelines of the European Society of Hypertension for clinic, ambulatory and self blood pressure measurement. J Hypertens 2005; 23: 697-701. **9.** NICE guideline for Hypertension. Published June 2006. www.nice.org.uk/CG034 **10.** Micardis Prescribing Information Date of Preparation May 2007.

C+D Clinical

Picture guide to skin rashes

Some common rashes and advice on their OTC treatment or referral

Key points

- Many common skin rashes can be treated in the pharmacy, eg simple eczema might just need reassurance and emollients, while the viral rashes of childhood need reassurance and maybe an analgesic.
- Think about the possibility of drug reactions, even after treatment has finished.
- Be alert for potentially fatal conditions such as erysipelas in the frail elderly, or meningitis.

Reflect

Would you be able to tell the difference between pityriasis rosea and ringworm? Do you know what erysipelas looks like? What would you recommend for a childhood viral rash?

Plan

The illustrations in this article will help you decide whether a patient presenting with a rash can be treated with a non-prescription remedy or should be referred to a GP. Treatments are briefly described.

CPD This article can help in the following CPD competencies: **G1a, G1c, C1a, C1f,C3c, C3b** . See www.tinyurl.com/194zu

Dr Nigel Stollery

Many common rashes are self-limiting and do not need to be treated by a GP; others may be more diagnostically challenging. This article describes their appearance, with advice as to which rashes need referral and which can be treated by non-prescription medication.

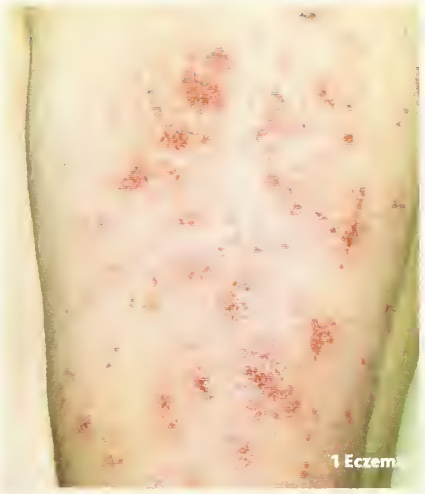
Drug reactions

Drug reactions are common and can vary in appearance from a widespread urticaria to the more challenging fixed drug eruption, which occurs in the same area with each exposure. When considering whether a rash is a drug reaction the recent medication history is obviously important. Most patients only consider medication taken over the preceding one or two days but a reaction may occur even after treatment completion. With antibiotics, the illness for which they have been prescribed may also be the cause of the rash. This can make diagnosis difficult, especially where viruses are responsible. When ampicillin is prescribed in glandular fever, a marked rash can occur, which is why most GPs will avoid this drug.

Eczema (see picture 1)

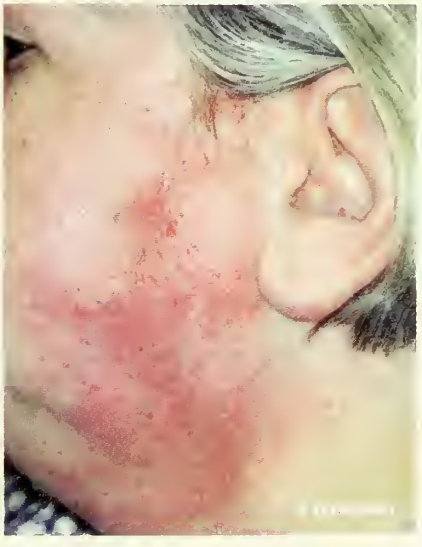
There are many forms of eczema, from allergic contact dermatitis to asteatotic eczema common on the lower limbs of the elderly. The common problem is dry skin, and the importance of emollients cannot be stressed enough. Cosmetic acceptability must be considered to promote compliance, eg ointments have better moisturising properties than creams but patients may find them too greasy. Soap should be avoided as it removes the body's natural sebum. Emulsifying ointment can be used as an alternative. Bath oils are an easy way of applying a layer to the whole body, which may save time in a busy schedule. In children, scratching commonly damages the skin so nails should be kept short. If scratching occurs at night, cotton mittens or a sedating antihistamine at bedtime may help.

Mild cases may be successfully treated with OTC steroids and emollients. If this fails, try to determine whether a secondary infection is present, which will prevent healing. If so refer to the GP for antibiotics.



Erysipelas (see picture 2)

This is an infection of the dermis and lymphatics, which is more superficial than cellulitis and more sharply demarcated than other infections. It is typically caused by group A beta haemolytic streptococci. Most cases respond well to antibiotics. However, particular care needs to be taken with certain patient groups such as the immunocompromised, very young and very elderly where the condition may prove fatal. Patients are usually pyrexic and complain of flu-like symptoms. Headaches, nausea and muscle aches may also be present. Treatment requires referral to a GP for oral antibiotics.



All Photos Dr Nigel Stollery

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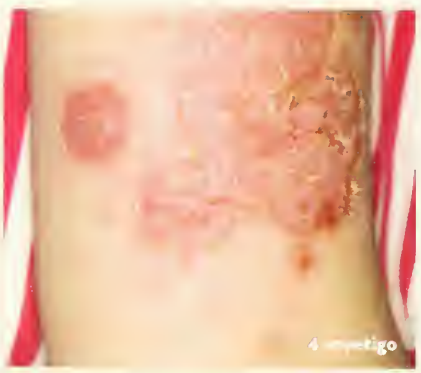
Folliculitis (see picture 3)
A localised acne-like rash with pustules and erythema centred round hair follicles is likely to be either acne or folliculitis. Location is a diagnostic tool: acne usually affects the face, neck, back and chest; while folliculitis affects other areas. Using multi-blade razors for shaving can increase the risk of folliculitis. Exposure to bacteria in jacuzzis and swimming pools may also be a cause.

As with other skin infections, people with diabetes and the immunocompromised need special attention and should be referred for antibiotics. In milder forms, antiseptics and good hygiene may be all that is necessary. In the case illustrated, the infection developed after using a jacuzzi but soon settled after oral antibiotics.

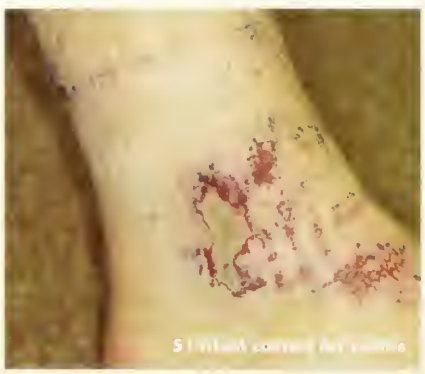


Impetigo (see picture 4)
This bacterial skin infection often occurs in children of school age. Lesions can be single or multiple and vary in size from small round blisters to larger areas many centimetres across. The bullous form may be mistaken for cigarette burns leading to false allegations of child abuse.

The lesions dry and develop a typical honey-coloured crust, which is usually diagnostic. Antiseptics may help but most cases will require topical or oral antibiotics. To prevent spread, advice about personal hygiene is important and children need to be kept off school until treated.

Insect bites
[illegible] are common and generally [illegible] more than mild irritation and redness. In other cases the skin break may allow the introduction of bacteria, leading to a localised infection. Sometimes an allergic reaction may result in blistering and marked urticaria.

Deciding whether the redness surrounding a bite is reaction or infection can be difficult. Infection is usually present if there is pus within the blister, any systemic illness such as fever, or the extension of redness proximally along the line of lymphatics. Otherwise treat with oral and topical antihistamines, localised cooling and elevation if limbs are affected. Patients should be advised about prevention of future bites with insect repellents.



Irritant contact dermatitis (see picture 5)
When presented with an eczema-like rash in a distinct distribution always consider whether it might be contact dermatitis. Ask if the affected areas could have been in contact with potential irritants. In the case illustrated, the exposure was to cement. The man had accidentally allowed cement to enter his boot, which had been in contact with his feet for a few days. Once the cause has been determined, its removal will help.

Treatment is of liberal application of emollients, a topical steroid, the avoidance of soap and other irritants and, if required, an oral antihistamine to ease pruritus. In the latter, rubbing the area with an ice cube can be useful. If treatment fails to help after seven to 10 days or if there are recurrent outbreaks, GP referral would be appropriate for possible patch testing.

Lick lip dermatitis
This is a common condition in pre-school children, caused simply by the repeated application of saliva to the lips. The rash has a distinctive appearance – it looks like eczema but appears in a uniform pattern around the mouth.

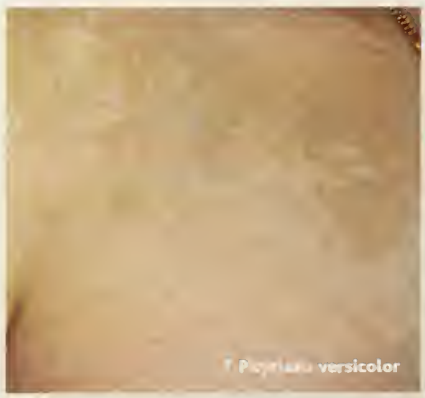
Treatment can be a challenge as children find it hard not to lick repeatedly when the lips feel dry. The answer is regular application (four to five times an hour) of a barrier cream or ointment, with a liberal application before bed. Lip salves are the most convenient. Children should also be encouraged not to lick the affected area.

Pityriasis rosea (see picture 6)
When the rash of pityriasis rosea first appears as a single "herald patch" its annular appearance and intense itch means it may be mistaken for ringworm and treated with antifungals. This is usually followed by the emergence of many similar lesions anything up to two to 21 days later. These appear in clusters following the lines of cleavage, which on the back have a Christmas tree pattern. In some cases there may be associated oral lesions including erythematous plaques, haemorrhagic puncta and ulcers.

No bacteria, viruses or fungi have been isolated in sufferers and the condition tends to be more common in the spring and autumn. Recurrence is uncommon (around 3 per cent of cases).

Treatments include a topical mild steroid and oral antihistamines to help with the itch. One study found erythromycin beneficial and UV light has been found to shorten the duration of the rash.

When presented with a single "herald patch" it is reasonable to try an antifungal with advice to return if more lesions develop.



Pityriasis versicolor (see picture 7)
This is a common (2-8 per cent of the population) superficial fungal infection of the stratum corneum, which produces a

rash of hypo- and hyper-pigmentation, usually over the upper body. In some people it may become chronic, recurring after treatment. Patients are often unaware of its presence until they go on holiday and develop a suntan which reveals the lighter areas. This loss of colour results from inhibition of tyrosinase, the enzyme necessary for melanocyte formation, by the causative organism *Malassezia furfur*.

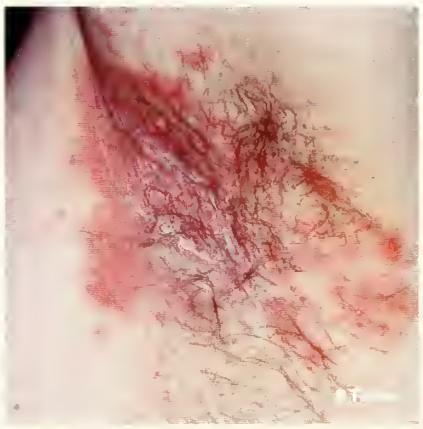
Predisposing factors include genetic predisposition, warm, humid environments, immunosupression, malnutrition, and Cushing's disease.

Treatment is with an antifungal. As large areas are usually affected, diluted ketoconazole shampoo is a well-tolerated and cost-effective choice, applied daily for 10 minutes over two weeks. In resistant cases, an oral antifungal on prescription may be appropriate.

Plaque psoriasis

This is a common relapsing inflammatory condition, which causes a typically scaling rash with a predilection for the elbows and knees. There is a strong genetic component and treatment can be challenging. Scaling is an important diagnostic sign, which occurs secondary to proliferation of the dermis. It can be itchy, and one of the mainstays of treatment is liberal emollient use. Tar-based shampoos work well but, for the body, tar preparations have been replaced by vitamin D analogues. Steroids can also be useful but rebound flare may sometimes be a problem.

Alcohol and smoking consumption is associated with psoriasis so advice should be given on this. Some medications such as beta-blockers, lithium and NSAIDs can precipitate flare-ups. Psoriatic arthropathy may occur, so any patient with painful joints and psoriasis should be referred to a GP.



Tinea (see picture 8)

Fungal skin infections usually have the familiar enlarging annular ringworm appearance and are typically very itchy. In the web spaces of the feet, athlete's foot is easy to diagnose, but any warm moist areas of the body are at risk of fungal infection. In the case illustrated the axillae developed a red itchy rash, which had been present for a number of weeks. Soap and deodorant also encourage fungal infections by damaging the protective local flora.

Simple advice may be successful. Wash well with water only, then apply an antifungal twice daily. This may be combined with a steroid if there is a lot of erythema and inflammation. Where the groin is affected, the source of the fungus is usually the feet so advise putting on socks before underwear to reduce spore transmission from the feet to the groin.

Urticaria (nettle rash)

This is an itchy localised or widespread superficial swelling of the epidermis and mucus membranes, which is normally self-limiting and not contagious. Rarely it can be associated with angio-oedema and anaphylaxis, in which cases treatment needs to be prompt to prevent respiratory arrest.

However, the itch is often the most troubling symptom and can be simply managed with oral antihistamines and cooling measures. Where attacks are recurrent and thought to be associated with allergy, eg food or latex, a referral may be necessary to secondary care for testing. A sedating antihistamine may help if sleep is disturbed, otherwise a less sedating antihistamine such as cetirizine may be preferable.

Viral rash

These are common, especially in young children, and typically occur with a pyrexial illness. The trunk and back are most commonly affected, and the rash has a 'pin prick' appearance which blanches when pressure is applied. Simple cooling and the use of paracetamol over a few days usually settles the rash. If the child is particularly unwell, has a temperature of 39°C or above, or there is diagnostic doubt or parental concern, then refer to a GP to exclude a more serious underlying condition. See the meningitis link below for more detailed advice on signs and symptoms.

Resources

- The Meningitis Trust www.meningitis-trust.org/
- pityriasis versicolor leaflet: www.bad.org.uk/public/leaflets/versicolor.asp
- folliculitis Prodigy guidance: www.tinyurl.com/2t7rr5
- urticaria Prodigy guidance: www.tinyurl.com/yuknsr

Dr Nigel A Stollery is a GP at Kibworth Health Centre, Leicestershire, and clinical assistant in dermatology at the Leicester Royal Infirmary.

Continuing Professional Development CPD

Act

- Refer to the Meningitis Trust website (see resources) to make sure you and your staff are familiar with the signs and symptoms and are aware of the need for urgent referral.
- Read the Prodigy guidance/topic reviews given in the Clinical Knowledge Summaries on www.cks.library.nhs.uk for the conditions mentioned in the article.
- Make yourself familiar with the resources available on the British Association of Dermatologists' website (www.bad.org.uk). These include patient information leaflets, a list of patient support groups and links to the www.britishskinfoundation.org.uk
- Find out more about the symptoms and treatment of any of the diseases mentioned that you might not have come across.
- Check that you stock a range of emollients suitable for most preferences eg creams, ointments, preservative-free preparations, bath additives, alternatives to soap, etc.
- Make a list of drugs liable to cause photosensitivity. Do you warn patients when dispensing these medicines?

Evaluate

- Are you now better able to distinguish the appearance of common skin rashes that might be presented in the pharmacy?

A Practical Approach — Muscle cramp

Claudine, medicines sales assistant at Update Pharmacy, comes into the dispensary and says to pharmacist David Spencer: "Could you have a word with the fellow at the counter, Mr Spencer? He's asking for something for cramp."

David goes out to speak to a fit looking man in his 30s.

"Are there any vitamins or anything I can take to stop me getting cramp?" he asks.

"Before I can advise you I'll need to ask you a few questions", David says.

"Fine, go ahead."

"OK. Where do you get the cramp and do you get it very often?"

"I don't get it very often, about once every two or three months. It's nearly always in my right calf and in the middle of the night. The pain is excruciating, and usually my calf is sore for several days afterwards. But last night was the worst ever – I woke up screaming in agony and paralysed with the pain. My wife massaged it for me, and said she could feel how hard and knotted the muscle was. To be honest, I'm dreading going to bed tonight in case it happens again."

"That does sound very unpleasant," says David. "Can I ask, do you suffer from any illnesses that you take medicines for?"

"No, nothing, I'm pretty healthy."

"Do you have a physically strenuous job or play any sport?"

"No about the job, but I do play squash and I had a very hard game last night."

"Well," says David, "I don't know about a cure but I think I can offer you some advice."

Questions

1. What is the cause of the type of cramp this man describes?
2. Why did David ask the man if he had any long-term illness or took medicines?
3. Is there any medication to prevent cramp?
4. What advice could David give the man to help prevent future attacks?

Answers

1. Cramp occurring in younger people, most commonly in the legs and at night and often following vigorous exercise, is known as heat cramp. It also occurs in people doing heavy physical work in hot conditions with limited ventilation. The cause is thought to be extracellular sodium depletion following electrolyte loss through profuse sweating, with replacement of water but not salt. Idiopathic cramp of unknown cause occurs increasingly from the age of about 60.
2. Medicines for long-term conditions that may cause cramps include: salbutamol, terbutaline, raloxifene, diuretics (owing to electrolyte loss), nifedipine, penicillamine phenothiazines and nicotinic acid.
3. Quinine is the only drug with any confirmed evidence of reducing the frequency of night cramps. It acts by reducing the excitability of the motor end-plate at the neuromuscular junction. It is only effective in 25 per cent of patients and is usually reserved for idiopathic cramp.
4. Replace fluids and electrolytes after strenuous exercise with sports drinks containing sodium and glucose. Stretching the calf muscles before going to bed may help.

This article can help in the following CPD competencies:

G1a, G1d, C1f, C2c.
See www.tinyurl.com/194zu

CPD

MUR tips for HIV-infected patients — Further to last week's Pharmacy Update

Strict compliance to treatment over many years is essential in HIV treatment. However, antiretroviral drugs are toxic, and serious side effects and drug resistance issues will lead to the failure of the therapies. Further, the management of opportunistic infections is also important in the treatment of HIV.

Initiating treatment with highly active antiretroviral therapy (HAART), involving two nucleoside reverse transcriptase inhibitors (NRTIs) with either a non-nucleoside reverse transcriptase inhibitor (NNRTI) or a boosted protease inhibitor (PI) is recommended to reduce drug resistance and improve patient compliance to therapy.

However, potential drug interactions and toxic side effects remain challenging issues.

Counselling points

- Explain about the complexity of treatment and demand strict adherence by patients.
- Manage the side effects of antiretroviral drugs and identify drug interactions.
- Remind patients to see their HIV specialist regularly to have their plasma viral load and CD4 count monitored to identify the necessity of switching therapy or adding another antiretroviral therapy.
- Warn patients about the symptoms of opportunistic infections.
- Inform patients about new drugs that are continually emerging with a view to simplify treatment, overcome resistance of the existing therapy, reduce drug toxicity and, as a result, increase life expectancy.

Ken P K Wan, pharmacist for Alliance Pharmacy, Clacton on Sea

A full version of this article is available at www.chemistanddruggist.co.uk/update

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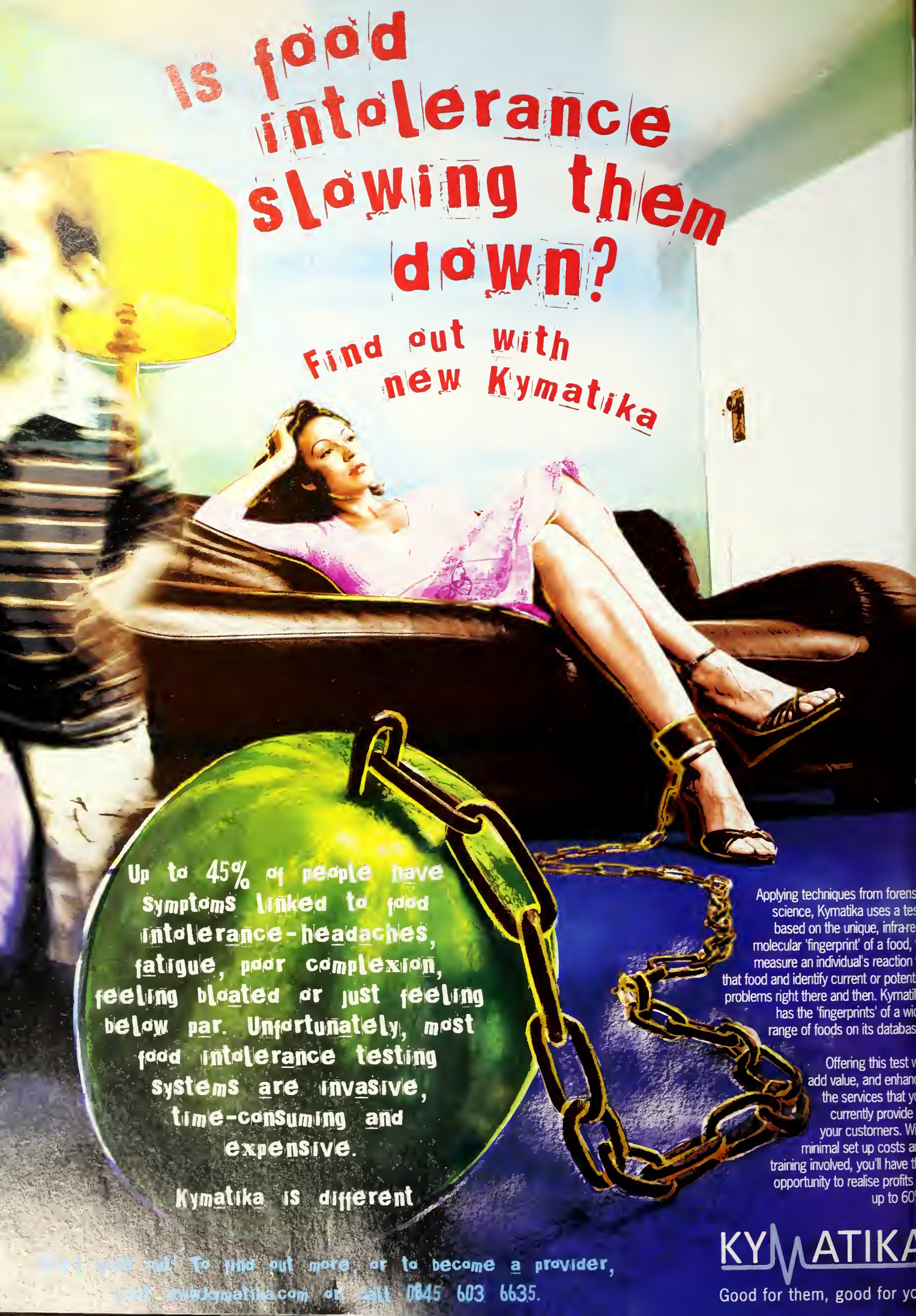
Active ingredients: Paracetamol 1000mg, Phenylephrine Hydrochloride 12.2mg and Guaifenesin 200mg per sachet. **Indications:** For relief of the symptoms of colds and influenza, including the relief of aches, pains, sore throat, headache, nasal congestion, lowering of temperature and chesty cough. **Dosage Instructions:** Oral administration after dissolution in water. Adults and children over 12: One sachet dissolved by stirring. Dose may be repeated every 4-6 hours. No more than 4 doses should be taken in 24hrs. Not to be given to children under 12 without medical advice. **Contraindications:** Hypersensitivity to any of the ingredients. Severe coronary heart disease. Hypertension. **Precautions:** To be used with caution by patients with severe hepatic or renal dysfunction, Raynaud's Phenomenon, diabetes. Do not take with any other paracetamol-containing products. The product contains paracetamol and the stated dose must not be exceeded. Keep out of the reach of children. If symptoms persist, the patient should consult a doctor. Patients who are pregnant or are being prescribed medicine must seek a doctor's advice before taking this product. Phenylephrine may adversely interact with other sympathomimetics, vasodilators and beta-blockers. Drugs which induce hepatic microsomal enzymes, such as alcohol, barbiturates MAOI drugs and tricyclic antidepressants, may increase the hepatotoxicity of paracetamol, particularly after overdosage. Not recommended for patients currently receiving or within two weeks of stopping therapy with MAOIs. The speed of absorption of paracetamol may be increased by metoclopramide or domperidone and absorption reduced by cholestyramine. Guaifenesin may increase the rate of absorption of paracetamol. Guaifenesin may interfere with the diagnostic measurements of urinary 5-hydroxyindoleactic acid or vanillylmandelic acid. The anticoagulant effect of warfarin and other coumarins may be enhanced by prolonged regular daily use of paracetamol with increased risk of bleeding: occasional doses have no significant effect. Contains aspartame. **Side-Effects:** Adverse effects of paracetamol are rare, but hypersensitivity including skin rash may occur. There have been a few reports of blood dyscrasias including thrombocytopenia and agranulocytosis, but these were not necessarily causally related to paracetamol. Phenylephrine HCl: High blood pressure with headache and vomiting, probably only in overdosage. Rarely palpitations. Also, rare reports of allergic reactions. **Legal Classification:** GSL. **Licence Holder:** Reckitt Benckiser Healthcare (UK) Ltd, Dansom Lane, Hull, HU8 7DS. **Licence Number:** PL 00063/0168 **Price:** £4.99 for 10s. **Date of preparation:** May 2007.

[1] Compared to the leading All In One [2] AC Nielsen unit sales 52 w/e 8th September 2007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New delivery for babies from Dtecta

The Dtecta Probiotics range has grown with the addition of a probiotic and prebiotic supplement for expectant and nursing mothers, babies and children.

ProbioStart, launched at last week's Pharmacy Show, contains *Bifidobacterium infantis, Bifidobacterium bifidum, Lactobacillus acidophilus* and prebiotic fibres.

The product is said to be beneficial for babies aged six months and over with digestive problems such as colic, diarrhoea or constipation, children with allergies or atopic diseases and those taking antibiotics. Boosting pregnant and breastfeeding women's friendly bacteria helps babies acquire these micro-organisms, says Dtecta.

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sales@medipharma.co.uk

Coffee in demand

Green Coffee capsules have been launched by Power Health in response to customer demands, says the company.

The product contains chlorogenic acid, claimed to aid weight loss.

Also new is CGH joint formula. Containing celadrin, glucosamine and hyaluronic acid, CGH combines a food supplement and cream to work outside and inside the body. The cream additionally contains emu oil and oil of wintergreen.

Prices: Green coffee £9.99/90; CGH £32.99/60 caps + 100g cream
Product info:
Power Health
Tel: 01759 302595

Steradent bites back with Complete Care

Complete Care is a new range of denture cleansers from Steradent. Described by manufacturer Reckitt Benckiser as "ultra efficient", the range comprises extra strength and three minute variants.

The products are claimed to remove 99.9 per cent of bacteria, freshen breath, remove plaque and whiten the teeth by removing stains. The three minute variant is designed to encourage daily use while the extra strength product should be recommended to patients with concerns about heavy stains. It also tackles and prevents tartar, adds RB.

Alongside, the whole Steradent range has been given redesigned packaging and anti-corrosion properties have been added throughout, allowing use on dentures containing metallic components. Packs carry a British Dental Health Foundation approved logo.

Supporting the new products, Steradent sponsored TV idents of the Afternoon Matinee on Channel 5 have been updated to feature the new range along with the Sir Peter the Cheetah character.

• Steradent is sponsoring the BDHF's Mouth Cancer Awareness week launching at the House of Commons on November 8.

Product info:
Reckitt Benckiser Household
Tel: 01793 732000

Products in brief

Representing Ahava

Kristin Davis, best known for her role as Charlotte York in the 'Sex and the City' TV series, has been unveiled as the new face of Ahava. The Dead Sea mineral brand says the star will appear in its global advertising campaign and on its websites. She will also take part in marketing and communication initiatives.
Ahava UK
Tel: 01452 864574

Skincare from America

A range of natural skincare products is being introduced to the UK from America by Murrays Health & Beauty. The JR Watkins Apothecary collection includes shea body butters, body oils, salves and hand and foot treatments. A sampler pack contains eight variants in travel sizes. Email: nhayton@paulmurrayplc.co.uk
Price: £1.99 to £14.99
Murrays Health & Beauty
Tel: 023 8046 0600

Curanail hits infection hard

Galderma is launching a £100,000 advertising campaign to boost sales of the pharmacy product Curanail 5% Nail Lacquer.

Advertisements will appear in The Times, Daily Mail, the Guardian and Metro newspapers.

Curanail is a once-weekly treatment for mild fungal nail infections affecting up to two nails. According to Galderma, fungal nail infection affects up to a million people in the UK.

Zahira Beddou, Curanail product manager, said: "We want to ensure awareness of the product remains high, which is why we are giving this extra marketing support."

Product info:
Galderma UK Ltd
Tel: 01923 208950
www.curanail.co.uk

Bronnley sets out its Christmas wares

Christmas fragrant bath and bodycare gift sets are now available from Bronnley.

Within the Almond Oil collection, contemporary carrier gift boxes are available across a range of fragrances including lavender, pink bouquet and orchid. Prices start at £7.95. Suedette cosmetic bags from £9.95 come complete with bath foam, shower gel, talcum powder or body lotion.

Boxed sets are available in the Royal Horticultural Society and Bronnley faux suede gift set from £19.95, containing hand and nail cream, bath relaxant and soap. The Herbarium range, offering six soaps from £1.95, uses botanical extracts with crushed herbs and flowers.

Christmas tree baubles scented with apple and cinnamon and the almond oil miniature gift box containing five soaps are also available. Both retail from £4.95.

Product info:
Bronnley
Tel: 01280 702291

Products advertised on TV next week

Compeed Cold Sore Patch: All areas
Gaviscon Liquid and Handy Pack: All areas
Listerine Total Care: All areas
Lyclear SprayAway & Repellent: GMTV, Sat
Multibionta and Multibionta Activate: C4
Rennie Dual Action: All areas
Seven Seas' JointCare & CLO: All areas
PharmaSite for next week: Hedrin and **Covonia** on all panels, window, in-store and dispensary
Pharmacy channel: Solpadeine Plus, Imigran Recovery, Clearly Herbal Natural Baby Wipes, Murine, Senokot

A-Anglia, B-Border, C-Central, C4-Channel 4, five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Strengthening bones, one tablet, once a month

Bonviva®

once-monthly,
there's only one

Information about adverse event reporting can be found at www.yellowcard.gov.uk. Adverse events should be reported to Roche Products Limited. Please contact UK Drug Safety Centre on: 01707 367554.

Prescribing Information - Bonviva® (ibandronic acid) 150mg tablet. See SmPC before prescribing. **Indication:** Treatment of osteoporosis in postmenopausal women at increased risk of fracture. A reduction in the risk of vertebral fractures has been demonstrated, efficacy on femoral neck fractures has not been established. **Dosage and administration:** 150mg once-monthly, swallowed whole whilst sitting or standing with plain water after overnight (>6 hours) fast. Maintain fast (including other medications), do not lie down for 1 hour after administration. **Contra-indications:** Hypocalcaemia, hypersensitivity to any ingredient. **Precautions:** Treat hypocalcaemia and other disturbances of bone and mineral metabolism before starting Bonviva. Ensure adequate intake of calcium and vitamin D. Not recommended if creatinine clearance <30ml/min or if serum creatinine >200µmol/l (2.3mg/dl). Potential for oropharyngeal ulceration and upper GI disturbance. Follow dosing instructions especially if there is a history of prolonged oesophageal transit time. Caution with NSAIDs. Invasive dental procedures should be avoided in patients receiving bisphosphonates if possible. **Interactions:** Metabolic interactions are considered unlikely as ibandronic acid does not inhibit major hepatic P450 isoenzymes. Observe fasting requirements. **Pregnancy/Lactation:** Do not use. **Side effects:** See SmPC for full details. Common: Dyspepsia, nausea, abdominal pain, diarrhoea, flatulence, reflux, oesophagitis, headache, influenza-like syndrome, fatigue, myalgia, arthralgia, rash, muscle cramp, musculoskeletal pain/stiffness. Rare but potentially serious: angio-edema and hypersensitivity reactions. Osteonecrosis of the jaw has been reported with IV and oral bisphosphonates. **Legal Category:** POM. **Presentation and Basic NHS Cost:** Oral - Bonviva 150mg tablet blister pack x 1 £21.45, 150mg tablet blister pack x 3 £64.35. **MA Nos:** EU/1/03/265/003, EU/1/03/265/004. **MA Holder:** Roche Registration Limited, 6 Falcon Way, Shire Park, Welwyn Garden City AL7 1TW, United Kingdom. Bonviva is a registered trade mark.

Print code: BON/A2P/07/30957/1 J1171082
September 2007.

GlaxoSmithKline

Roche

Oral-B prepares for festive rush

TV and press advertising for Oral-B rechargeable toothbrushes begins next month, targeting the Christmas gift market.

The four-month period around Christmas and the new year accounts for half of all sales of rechargeable brushes and 80 per cent of these are Oral-B brushes, claims the brand.

Steven Davey, Oral-B brand manager, comments: "The key to success during the festive season is to offer consumers rechargeable brushes across the full range of price points. Our entry-level range, Oral-B Vitality, provides a perfect stocking filler while the technologically advanced Oral-B Professional Care range and Oral-B Triumph with SmartGuide makes the perfect gift for loved ones who want the very best for their teeth and gums."

Oral-B's Triumph SmartGuide is approved by the British Dental Health Foundation.

Product info:
Oral-B Laboratories
Tel: 01932 896000

Look ahead with Foster Grant

Two new ranges of reading glasses are available from Foster Grant.

The Titanium frames range offers a choice of unisex styles, described as lightweight, anticorrosive and hypoallergenic. The lenses are distortion free and come in the three most popular strengths. They are currently available at a promotional price of £14.99 compared with a normal retail price of £19.99.

The second range, Fashion Readers, is designed to give wearers an instant new image. Four styles are available in three lens strengths, each retailing at £9.99.

Product info:
FGX Europe
Tel: 01782 577055

Epaderm rebrands

Epaderm emollient has been rebranded by manufacturer Mölnlycke. The company's logo of five green globes in the shape of the letter M has been added and the product's uses for the management of eczema, psoriasis and other skin conditions are clearly shown.

New-look pots will be available from the end of the month.

Epaderm's listing in Part IX of the Drug Tariff is unaffected and it remains reimbursable against NHS prescriptions.

Product info:
Mölnlycke Health Care
Tel: 0800 7311 876

Next [A'kin] to hit the shelves

[A'kin] Rosehip & Shea intensive moisture antioxidant complex is the latest launch from the Australian-based Purist Company.

The product contains certified organic shea butter, avocado as a source of vitamins A, B_5 and E, rosehip extract, jojoba seed oil, olives and aloe barbadensis leaf juice. It is said to be suitable for very dry and sensitive skin.

The [A'kin] range is free from parabens, sulphates and artificial colours and fragrances.

Also new is the [A'kin] Men's Luxury Essentials pack. This contains three 225ml bottles of rosemary shampoo, jojoba and lavender light conditioner and sandalwood bodywash, together with a cocoa fibre body brush.

Prices:
complex £19.99/50ml; men's pack £18
Product info: Australis Distribution, tel: 0845 456 0639

C+D's one minute interview with ...

Jay Banerjee, brand manager for Bisodol

Who buys Bisodol?
Bisodol Original is bought by 40 to 60-year-old men and women. Bisodol Extra appeals to a younger audience aged from about 25 years.

Why should pharmacies stock Bisodol?
The brand has an extremely strong heritage for heartburn and indigestion.

How can pharmacies sell more?
Education is key. Learn what the product can deliver and pass this knowledge on to consumers. There are different types of indigestion – what customers value in the pharmacy is personal one-on-one care about their symptoms.

Are there any brand innovations in the pipeline?
There's a lot going on but I can't talk about it at the moment – watch this space!

Who would be your fantasy spokesperson for Bisodol?
I would choose someone credible who relates to the target audience – Andie MacDowell. She's respected and in the right age group.

How old is the Bisodol brand and what's Jay's favourite music track? Find out at: www.chemistanddruggist.co.uk

Products in brief

Aloe/lavender double act

Five new products have joined the Yardley Lavender Spa range. All combine the therapeutic benefits of lavender with the healing qualities of aloe vera, says Yardley.

The newcomers are bath cream, bath oil, body polish, body butter and a reviving body milk spray.
Prices:
from £8.95 to £9.95
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Silver service

Emma Tomkins has set up a health check service at Hesketh Bank Pharmacy, near Preston

As part of the Numark pre-registration course we were all asked to set up a health promotion event in our own pharmacy. I set up a full health check service which includes cholesterol; diabetes and blood pressure; BMI, waist and hip measurements; and a few lifestyle questions. All results are discussed with patients in full, and personal factsheets are printed. Referrals are made if necessary.

Setting up the service didn't take long – just a few weeks' preparation. There was a lot of work involved, though. For advice on setting up the service, I went to my pharmacist manager and superintendent pharmacist. I spoke to a GlaxoSmithKline representative about equipment, and to local practice managers and GPs about referral guidelines.

I needed additional training in taking a correct blood sample using a CardioChek meter.

We managed to get a lot of help and support through the GSK Pharmacy Plus Scheme. This meant all the equipment, such as test strips, was free. Costs to us included advertising, waste disposal contracts and, obviously, time. The health check was initially provided free, but we now charge £10 for the service.

The best thing about setting up the service was the response from people that were helped by it. We've had a very good response from patients.

The service has been good for business as most of the appointments made have been new customers to the pharmacy. It also improved customer relations and relations with local surgeries. Winning the Numark pre-registration pharmacist of the year award was a high point.

The worst thing was all the time and preparation involved, but it was worth it in the end. More involvement with the local surgeries would have helped; though GPs were happy for us to provide the service, we've not had a lot of feedback from them.

My advice to other pharmacists thinking of setting up a similar service would be to be aware of the amount of preparation involved. Ensure local guidelines for results are followed and referral guidelines are in place, and make sure you have good knowledge of the subject area. You need time to be able to discuss results with patients, and they often have other questions.

We are now hoping to set up the service in other pharmacies within the company, A2b Pharmacy.

Out of hours

- When I'm not at work, I make the most of the time I have with friends and family.
- My guilty pleasure is chocolate, of course.
- My dream date would be my boyfriend, obviously – but if he wasn't available I'd have Kelly Jones from the band Stereophonics.

Under the white coat

- When I was growing up I knew I wanted to do something that could help people in some way. If I wasn't a pharmacist I'd be doing something else in the health area.
- I've not been qualified long so it's difficult to say what the best and worst things about the job are, but there's not enough time in the day! I love the variety – no two days are the same. And I enjoy talking to patients.
- I've already been surprised with the things I've been asked. I was asked for some incontinence pads for a dog when I was doing my pre-reg.

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Give good feedback

How can you motivate your staff to improve without being the boss from hell? By using a good feedback technique, as Anita Houghton explains

Have you ever heard of the feedback sandwich? It's when you want to tell somebody what they've done wrong, or failed to do, but instead of just telling them outright, you soften the blow by first telling them what you like about what they do. You then tell them what you don't like, and then finish up with something you do like. Sounds great doesn't it? The epitome of sensitive management.

So how come it doesn't always work out like that in practice?

Well first of all, when a manager gives feedback to a member of staff, they are not always trying to help that member of staff improve. Think of the last time you needed to tackle a performance or behaviour problem with a member of staff.

Was your aim to:

- learn more about the problem?
- improve that member of staff's performance?
- make the person understand how problematic they are?
- get something off your chest?
- get the recipient to leave?

Your approach will be quite different if your aims are the first two, as opposed to the last three. Sometimes the aim of such a conversation is, indeed, to get someone to leave – perhaps you've tried the softly softly approach many times before, nothing has happened, and you've lost faith that it ever will. Let's assume, though, for the purposes of this article that you want to tackle problems in a way that does not result in the person leaving. In those circumstances, why wouldn't a feedback sandwich work?

The answer is that it's all in the content. Feedback needs to be constructive if it's going to work, and although most people know that, not everyone understands the difference between constructive and destructive feedback. ▶

Constructive feedback sandwich

Constructive feedback sandwich:
"I like the way you've been doing your job, specifically that new procedure you devised was excellent, and you did a great presentation at the team meeting. It was important to me that the meeting went well, so I'm really grateful. **(Positive and specific, and explaining why it is important to you.)** You know, what I've noticed is that you work quite a bit on your own. How does it seem to you? **(Time for response.)** I was thinking that what could make your work even better is if you were to use those team meetings as a chance to meet people and listen to their ideas. **(Focusing on a way forward, rather than a problem.)** Because, with your experience and local knowledge, people would find it very valuable to have your input on their ideas, and they might be able to help you too." **(More positive feedback, plus what's in it for him.)**

Analysis: The comments are specific. A behaviour (working alone) is fed back and a response is invited. The focus is on a solution rather than a problem.

Results: He knows clearly what you like about what he has done recently, and why his work is important to you personally. He understands that you would like him to give other people the benefit of his experience, and that there could be some payoffs for himself if he did. He perceives that he has received some suggestions for improving his already good performance, rather than a criticism.

Overall result: He feels valued and motivated, and will give some serious thought to how he can spread his knowledge and experience around more.

Dr Anita Houghton is a consultant and coach
www.workinglives.co.uk
anita@workinglives.co.uk

Constructive v destructive feedback

It has been said by many a management guru that giving destructive feedback to an under-performing member of staff is like taking a hammer to a piece of malfunctioning equipment. If you do it, the chances are that your member of staff, far from improving their performance, will feel sufficiently upset and alienated that they will head straight for the job pages, perhaps in this very magazine.

Look at the boxes to see what characterises the two forms of feedback. Think back to the last time you had to tackle a problem with a member of staff, and assess how you did.

For example, imagine you have a member of staff who has been working in your pharmacy for 20 years. An old timer. He knows his job and does it well, he knows everybody and everything locally, he's hard-working and reliable. The only trouble is, people are complaining that he's stuck in his ways, and just does his own thing, without taking soundings from others. You would like him to collaborate more, and you arrange to see him. You will probably start by asking him how he is, and may offer an observation about him working alone and see what he says. Once you're clear about the problem, you head for the feedback sandwich. In the boxes (left and right) are two possible approaches.

Characteristics of: Constructive feedback

- focuses on the behaviour
- is specific
- invites explanation/interpretation
- delivered with kindness
- is intended to help
- focuses on solutions
- takes responsibility

Characteristics of: Destructive feedback

- focuses on the person
- consists of general statements
- delivers interpretation of problem
- delivered coldly/aggressively
- is intended to hurt
- focuses on what's wrong
- places blame

Destructive feedback sandwich

Destructive feedback sandwich: "You do a great job, you really do. The trouble is that people are saying you're too much of a loner, and you're a bit old-fashioned in the way you do things. But your colleagues seem to value you, so well done there."

Analysis: Observations are general rather than specific, and comment on the kind of person he is, rather than what he does or does not do. Instead of inviting his perspective, a third-party interpretation and judgement is delivered. The focus is also on what is wrong, rather than what he can do about it.

Results: This person has no idea what you like about the way they do their job, and is upset by the word-of-mouth criticisms without understanding quite what they've done wrong, when, and to whom. He is already feeling stressed by dealing with constant changes in the organisation and is beginning to feel that no-one wants him around because he's too old. This feedback intensifies those feelings. He's pleased his colleagues like him, but then, he knows that. What he doesn't know is why you think his colleagues like him, and isn't convinced that you really give a damn whether his staff like him or not. He mainly hears the criticism, but he doesn't know what he can do about the problem, without changing into a different person.

Overall result: De-motivation, and probably a long think about retirement options.

C+D

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www.harrogate-sulphur-soap.com

Shopfitting

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From: **Hawkeye on the web**

Date: **Sat 20.10.07**

Subject: **Your feedback**

I simply do not understand how the independent pharmacy cost inquiry can reveal an overpayment

In his opinion piece on the new Chemist+Druggist website, Rob Darracott, chief executive of the Company Chemists' Association, took a look at the impact of the new contract in light of changes happening in community pharmacy – both in the recent past (category M) and in the imminent future (the pharmacy white paper).

He highlighted the problems surrounding commissioning of services, the knock-on instability this causes and concluded that pharmacy should be rewarded for its effective procurement by reinvesting the savings in patient services (tinyurl.com/34owsm).

Rob's thoughts prompted a couple of readers to put finger to keyboard in response. On October 13 at 10:33, Dipan Shah shared his view on what he referred to as the "devastating" changes to category M. He questioned how he can invest in his staff, both in terms of pay and ongoing training, with the removal of such funding.

"Staff wages are reviewed in October, the same time as category M reduction. Our staff have worked hard in store, developed their skills, attended training sessions set up by the PCT in the evening after having already worked an eight or nine hour day. We will stay true to our staff and reward their dedication and endurance through all the new contract changes.

"But all of a sudden we feel the whole service is called into question. Do we stop doing things for free? Do we stop delivering to our elderly/vulnerable patients?"

You can read his comment in full at tinyurl.com/2tf49m

Another poster shared their views on the same page at 18:14 on October 12. They highlighted a number of changes they claim have led to a reduction in income since the new contract came in and arrived at the following conclusion: "I simply do not understand how the independent pharmacy cost inquiry can reveal an overpayment, which needs to be clawed back."

What do you think? If you have a view on the impact of category M changes or any of the other articles on the Chemist+Druggist website, then let us know. All you need to do is register with the site for free at www.chemistanddruggist.co.uk/register and then post your thoughts by adding a comment at the bottom of the article or by taking part in discussions in the Forum area.

Got a topic for Hawkeye?
Email thawkins@cmpmedica.com

... what's new on the C+D website ...

Free email news

Get the top pharmacy stories before they appear in print by signing up to C+D's free email newsletter service at www.chemistanddruggist.co.uk/register

Our congratulations this month go to **Jo Sinclair** who is the winner of our newsletter prize draw. Ms Sinclair will receive £200 in **John Lewis vouchers**.

Any new registrants signing up throughout October will automatically be entered into the next draw, so log on to [illegible] to be in with a chance!

Supporting C+D's free weekly email newsletter

Chemist+Druggist

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www.chemistanddruggist.co.uk

Events

If you missed the Pharmacy Show last weekend, log on to the Chemist+Druggist website to see what you missed. Pictures of the show, including Pakistani cricketer Shoaib Akhtar, are available on the events section. If you have an event you would like us to publicise on the site, you can click on 'Submit an Event' and send the details directly to us. You can also send us photos by clicking on 'Submit a Review'. www.chemistanddruggist.co.uk/events

The most popular sections on the new C+D website

C+D News bulletin Click here

1 Home
2 News
3 CPD Home
4 Update
5 Opinion

www.chemistanddruggist.co.uk/register

Platinum Design Awards 2008

The Platinum Design Awards seek to recognise excellence in shop design and service innovation. The Awards are open to independent and multiple pharmacies that have:

- Refitted an existing pharmacy or fitted out new premises
- Created a successful professional healthcare retail environment through implementing an innovative service.

Entries can be made by:

- pharmacy owners or managers
- company head offices
- shop fitters/designers.

Prizes will be awarded in two categories

Pharmacy Design – For new premises and pharmacy refits, with:

- a first prize of **£3,000**, and
- a second prize of **£1,500**.

Service Innovation – With a prize of **£1,500**, given to an entry that, having undergone a refit and in the opinion of the chairman of the judging panel, demonstrates:

- innovation in the provision and delivery of services from the pharmacy, or
- a unique aspect or feature of the refit (eg consultation suite, dispensary equipment, clinic facilities), or
- a unique service or special achievement that has been attained ie: a service development under the pharmacy contract, clinic services etc.

The Platinum Design Trophy for Multiple Pharmacies

The Platinum Design Trophy will be awarded to the best entry in either category from a multiple pharmacy business, as determined by the judges. Any company which has five pharmacies or more trading under a common corporate identity is eligible for this special Award.

The closing date for entries is February 1, 2008

For entry forms:

- Speak to your Ceuta representative
- Download from www.chemistanddruggist.co.uk/
- Call Pauline Sanderson on 01732 377269

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